

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET

10 JAN 28 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

HENRY REMODELING, INC

WI-2870

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

6925 W 2 LANE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State

Zip
33014

Country
MIAMI-DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 07/18/2007

5. FBI Number
26-0570340

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ENRIQUE JIMENEZ

Street Address (P.O. Box Number is Not Acceptable)

6925 W 2 LANE

Suite, Apt. #, Etc.

City
HIALEAH

State	Zip Code
FL	33014

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Date 01/14/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Enrique Jimenez	6985 w 2 Lane	Hialeah, FL 33014
		<div data-bbox="987 1522 1401 1585" style="position: absolute; top: 5px; right: 5px; border: 1px solid black; padding: 2px;"> SD0166676538 01/20/10--01004--013 **750.00 </div>	
	REINSTATEMENT		
		RH	

10. **E-mail Address:**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2010 786-379-0100

Date _____ Daytime Phone # _____