

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:45

DOCUMENT # P93000026823

1. Corporation Name

RELIABLE CARPENTERS, INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

Principal Place of Business

Mailing Address

1000 NORTHWEST 49TH STREET
FORT LAUDERDALE FL 33309

1000 NORTHWEST 49TH STREET
FORT LAUDERDALE FL 33309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0404829

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WIEBEN, MICHAEL	1000 NORTHWEST 49TH STREET	FORT LAUDERDALE FL 33309

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WIEBEN, MICHAEL
1000 NORTHWEST 49TH STREET
FORT LAUDERDALE FL 33309

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:


Michael Wieben

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-03 958 444 5326

Date

Daytime Phone #



To: Division of Corporations

I never got application reinstatement papers for corporation. I called and the lady in your office, she said to write a letter stating my situation. She said, that you would be able to remove the late fee. Also she said to send a check enclosed for a one hundred seventy five dollars and zero cents for the reinstatement for the corporation.

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Reliable Carpenters INC.

P.S. I was told to send it before midnight (Sent fed ex)