

CAPITAL CONNECTION

850 222 1222

04/05 '05 10:50 NO.095 01/01

1482

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

05 APR -5 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000026823					
1. Entity Name RELIABLE CARPENTERS, INC.					
Principal Place of Business 1000 NORTHWEST 49TH STREET FORT LAUDERDALE, FL 33309			Mailing Address 1000 NORTHWEST 49TH STREET FORT LAUDERDALE, FL 33309		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0404829				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent WIEBEN, MICHAEL 1000 NORTHWEST 49TH STREET FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FORWARDED TO A REINSTATEMENT 04-05 City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Michael Wieben</u> MICHAEL WIEBEN 4-5-05 Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WIEBEN, MICHAEL 1000 NORTHWEST 49TH STREET FORT LAUDERDALE, FL 33309 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	04/20/05--01011--001 ☐ Change ☐ Addition **308.75	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	900051349799 04/20/05--01011--001 ☐ Change ☐ Addition **308.75	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael Wieben</u> MICHAEL WIEBEN 4-5-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

202

PRO. WILSON 2015 01/05/2015 09:06:53 1-5-2008 302532-1/1/1/1 30303002

This is the second time I
was not sent any notice I was reinstatement
1-5-08 ~~Call~~ IF ANY PROBLEMS CALL 954 444 5326
MIKE WIERSEN
THANK YOU