

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 23 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000029236

1. Corporation Name

Florida Woodworks & Fixtures, Inc

2. Principal Office Address

1486 Turnbull Bay Road

Suite, Apt. #, etc.

City & State

New Smyrna, FL

Zip

32168

Country

US

3. Mailing Office Address

1486 Turnbull Bay Road

Suite, Apt. #, etc.

City & State

New Smyrna, FL

Zip

32168

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

04/19/1993

5. FEI Number

59-3180804

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 94-03

7. Name and Address of Current Registered Agent

Name

Kim Sorento

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

1486 Turnbull Bay Road

Suite, Apt. #, Etc.

City

New Smyrna

State

FL

Zip Code

32168

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/12/03

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P      | Kim Sorento                          | 1486 Turnbull Bay Road                            | New Smyrna, FL 32168 |
| VP     | Doug Sorento                         | 3032 Lime Tree Drive                              | Edgewater, FL 32141  |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

10. 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/03

Date

386-427-9490

Daytime Phone #

CR2E081 (10/02)