

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 23 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040986

1. Corporation Name

GREENBLATT CARPENTRY, INC.

Principal Place of Business

Mailing Address

3651 ARNOLD AVE.
NAPLES FL 34104
US

~~3651 ARNOLD AVE.~~
~~NAPLES FL 34104~~
~~US~~



400003455714--6

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
To Do Business in Florida
06/10/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2294 Queens Way

City & State

City & State

Naples FL

Zip

Country

Zip

Country

34112

US

5. FEI Number

65-0415911

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GREENBLATT, DAVID Z.	700 GROVE DR 2294 Queens Way	NAPLES FL 34112
VSTD	GREENBLATT, TERRI L	700 GROVE DRIVE 2294 Queens Way	NAPLES FL 34120 34112
VPD	TAGLIASACCHI, FABIO	5501 RATTLE SNAKE RD #114	NAPLES FL 34113
VPD	GABART, PHILIPPS F	4747 VIA CARMEN	NAPLES FL 34105

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENBLATT, DAVID
~~700 GROVE DRIVE~~ 2294 Queens Way
NAPLES FL 34120 Naples FL 34112

Name Terri Greenblatt
Street Address (P.O. Box Number is Not Acceptable)
2294 Queens Way
Suite, Apt. #, Etc.
City Naples State FL Zip Code 34112

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.

Signature of
Registered Agent

Terri Greenblatt
REGISTERED AGENT MUST SIGN

Date 10/18/00

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:

Terri Greenblatt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Terri Greenblatt

10/18/00 941-530-4593
Date Daytime Phone #

CR2040 (8/00)