PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE **Catherine Harris* Secretary of State DIVISION OF CORPORATIONS								FILED				
DOCUMENT # P93000040986 1. Corporation Name							01 NOV -8 PM 12: 17					
GREENBLATT CARPENTRY, INC.							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address 3651 ARNOLD AVE. 2294 QUEENS WAY NAPLES FL 34104 NAPLES FL 34112 US								EINSTATEMENT 2001				
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								orated or Qualified			\neg	
Suite, Apt. #, etc. Suite, Apt.							To Do Business in Florida 06/10/1993					
City & State	City & State		·		CE 044E044			Applied For	10-			
Zip Country			Zip		Country	Country 6.		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
7. Names a	and Street Ad	dresses of Each Officer and/o	r Director (Flo	rida nonprof			st 3 directors)				4	
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
PD	GREENBLAT	2294 QUEENS WAY				NAPLES FL 34112						
VSTD	GREENBLAT	2294 QUEENS WAY				NAPLES FL 34112						
VPD	TAGLIASAC	5501 RATTLE SNAKE RD #114				NAPLES FL 34113						
VPD	gabart, Pi	HILIPPS F		4747 VIA CARMEN				NAPLES FL 34105				
							20	00047 -12/03/0	0210	125 7		
								****750	.00 ***	**750.00	,	
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent				
GREENBLATT, TERRI Street Address (P							P.O. Box Number is Not Acceptable)					
2294 QUEENS WAY					Street Address (P.			O. Box Number is Not Acceptable) 명 및				
NAPLES FL 34112					Suite, Apt. #, Etc.						75	
					City			State Zip Code				
10. I, being	appointed the	e registered agent of the abov	e named corpo	oration, am fa	amiliar wi	th and accept the obl	ligations of Secti	ion 607.0505, F.S.	, ,		7	
Signature of Registered	f Agent XC	Levi Jan	LLL DISTERED AG	ENT MUST	SIGN			Date//_/	15/01		_	
this reins owed by	statement app the corporati	officer or director or the receive blication, the reason for dissolution have been paid and the na rue and accurate, and my sign	ution has been ames of individ	eliminated, uals listed o	the corpo n this forr	rate name satisfies the m do not qualify for a	he requirements in exemption und	of section 607.0401	or 617.0401, F	.S., that all fees	đ	
SIGNAT		Lui Sch GNATURE AND TYPED OR PRIN	TED NAME OF S	TEN	VI (GVEEN 6/4	ett vp	11/5/01 Date	94/-53 Daytime F			