

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 15 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000041353**

1. Corporation Name

**EBONIST INC.**

2. Principal Office Address

**2040W**

Suite, Apt. #, etc.

**H**

City & State

**DAVIA- FL**

Zip

**33004**

Country

**BROWARD**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0416396**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

**REINSTATEMENT**

**ON**

7. Name and Address of Current Registered Agent

Name

**LUIS SANTAMANIA**

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

**9 MATADOR LANE**

Suite, Apt. #, Etc.

City

**DAVIE**

State

**FL**

Zip Code

**33324**

**400041904494**  
**10/15/04 01070 012 \*\*50.00**

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

**REGISTERED AGENT MUST SIGN**

Date

**10/12/04**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
owner	LUIS SANTAMANIA	9 MATADOR LANE	DAVIE FL 33324

**10/18**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/12/04 954926-5566**

Daytime Phone #

CH2E081 (01/04)



**EBONIST**

Design & Fabrication of Fine Furniture  
2040 H TIGERTAIL Blvd.  
DANIA, Florida. 33004.  
VOICE & FAX 954-926-5566

DATE: 10/12/04  
TIME: 11:59 AM

LETTER HEAD

TO WHOM IT MAY CONCERN

I'm writing this letter to let you know i did not received a corporation  
letter this year all i have is a notice of intent to dissolve  
I call and they advice me to write this letter to wave the penelty fee  
thank you for you time

YOURS TRULY,



THANK YOU FOR YOUR BUSINESS

