

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -6 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059227

1. Corporation Name

V. O. Wood SPECIALIST, CORP.

2. Principal Office Address

5250 SW 132nd Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

5250 SW 132nd Ave.

Suite, Apt. #, etc.

City & State

Miramar, Florida

City & State

Miramar, Florida

Zip

33027

Country

US

Zip

33027

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida.

07/08/1997

5. FEI Number

65-0768399

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos Macedo

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

9745 Miller Drive

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Date 07/24/2003

REGISTERED AGENT MUST SIGN

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
PTSD.	Victor_Ochoa	5250 SW 132nd Ave.	Miramar, FL 33027

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:

Victor Ochoa

07/24/03

786/683-6101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 217



C & S International Group, Inc.

CONFIDENCE & SECURITY * CONFIANZA Y SEGURIDAD
ACCOUNTING - INCOMETAX - NOTARY PUBLIC

Miami, July 24th, 2003

Florida Department of State
Uniform Business Report Fillings
Division of Corporations
P. O. Box 6327
Tallahassee, FL. 32314

REF.	2002 & 2003 Uniform Business Report
DOCUMENT	P97000059227
ENTITY	V. O. Wood Specialist, Corp.
F.E.I.	65-0768399

Gentleman:

Enclosed please find a check number 1945, for \$300.00 to cover the annual fees for the years 2002 and 2003 for this corporation.

We are requesting the wave of the penalty for non-filing the Annual Report on time for the above years due to two specific reasons:

- 1.- The only owner and president of this corporation was having health problems during all this time and now he is coming back to the working force.
- 2.- This Corporation never received the UBR form to file for the above years due probably to a new address since the end of 2001.

Please see the change of address on the form that we have obtained on line.

Thank you in advance for your help to solve this matter and if you need any additional information please do not hesitate to call our office at any time.

Sincerely,

Carlos Macedo
President