

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -7 AM 10:12

DOCUMENT # P98000021606

1. Corporation Name

A & M CARPENTRY, Inc.

2. Principal Office Address

15249 SW 37 Ter.

Suite, Apt. #, etc.

3. Mailing Office Address

15249 SW 37 Ter.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33185

Country

U.S.A.

Zip

33185

Country

U.S.A.

REINSTATEMENT 06-01

4. Date Incorporated or Qualified To Do Business in Florida

03/06/98

5. FEI Number

65-0819256

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

AMADO S. RODRIGUEZ

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

15249 SW 37 Ter

Suite, Apt. #, Etc.

100004434991

06/21/01 01034 12

****900.00 ****900.00

City

Miami

State

FL

Zip Code

33185

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]

Date 05-09-01

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
Officer President	Maria D. Marcia	15249 SW 37 Ter.	Miami, Florida 33185

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

05-09-01 (305) 223-7206

Date

Daytime Phone #

CR2E081 (9/00)