

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 30 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000031416**

1. Corporation Name

Keith Jones Master Craftsman, Inc.

2. Principal Office Address

2111 N.W. 139th St.

Suite, Apt. #, etc.

Bay # 8

City & State

Opa-Locka, FL

Zip

33054

Country

U.S.

3. Mailing Office Address

2111 N.W. 139th St.

Suite, Apt. #, etc.

Bay # 8

City & State

Opa-Locka, FL

Zip

33054

Country

U.S.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/1998

5. FEI Number

65-0826232

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

Keith Jones

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

2111 N.W. 139th Street

Suite, Apt. #, Etc.

Bay # 8

City

Opa-Locka

State

FL

Zip Code

33054

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

Keith Jones

REGISTERED AGENT MUST SIGN

Date **10/26/03**

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
PD	Keith L. Jones	2111 N.W. 139th Street, Bay # 8	Opa-Locka, FL 33054

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:

Keith Jones
Keith L. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/03

Date

305-681-1819

Daytime Phone #

CR2008 10/02

7/11/9

KEITH JONES MASTER CRAFTSMAN, INC.

Custom Made Furniture & Cabinets

Specializing in Wood & Mica

2111 N.W. 139th Street
Bay #8
Opa Locka, Florida 33054

Telephone 305-681-1819
Telecopier 305-681-1889
Cellular 305-331-9153

October 26, 2003

VIA U.S. MAIL

Florida Department of State
Division of Corporation
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of Keith Jones Master Craftsman, Inc.
Document Number: P98000031416

Dear Sir/Madame:

Enclosed please find the Reinstatement Application for the above captioned corporation along with a check in the amount of \$150.00 made payable to the Florida Department of State. The corporation did not receive its annual report form for this year, 2003. Therefore, the corporation requests that the reinstatement fee be waived.

Please feel free to contact the undersigned at 305-681-1819 if you have any questions.

Very truly yours,



Keith L. Jones
President

Enclosures