

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



99-00
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 17 AM 11:15

DOCUMENT # P98000077065

1. Corporation Name
FLORENTINE WOODWORKS, INC.

2. Principal Office Address
4574 DYER BLVD

3. Mailing Office Address

Suite, Apt. #, etc.
BAY 3+4

Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL

City & State

Zip Country
33407 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida 09-03-98

5. FEI Number Applied For
65-0861058 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
PETER JAUQUET

Street Address (P.O. Box Number is Not Acceptable)
4574 DYER BLVD

Suite, Apt. #, Etc.
BAY 3+4

City
WEST PALM BEACH

900003386209-6
-09/08/00--01008--017
***300.00 ***300.00

State Zip Code
FL 33407

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
Peter Jauquet
REGISTERED AGENT MUST SIGN

Date 6-12-00

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
PRES.	PETER JAUQUET	4595 APPALOSA ST	WEST PALM BCH FL 33407
VP	SAMUEL GAFFIN	5654 KUMQUAT RD	WEST PALM BCH FL 33413

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: Peter Jauquet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 6-12-00
Daytime Phone # 561-842-1414

CR2E081 (9/99)