

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 JUN 22 PM 2:33

DOCUMENT # PG8000088338

1. Corporation Name

WYNTER & JEAN CARPENTRY, INC.

2. Principal Office Address

6720 N.W. 28th Street

3. Mailing Office Address

6720 N.W. 28th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33313

Country

US

Zip

33313

Country

US

REINSTATEMENT 00-01

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

10/15/98

SP

5. FEI Number

65-0903167

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

WYNTER, ALPHA N.

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

6720 N.W. 28th Street

Suite, Apt. #, Etc.

City

Sunrise

State

FL

Zip Code

33313

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

Alpha N. Wynter

Date

06/19/01

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
PSD	WYNTER, ALPHA N.	6720 N.W. 28th Street	Sunrise, FL 33313
VP TD	WYNTER, SYBIL	6720 N.W. 28th Street	Sunrise, FL 33313

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)(l), 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:

Alpha N. Wynter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/01

Date

(954) 747-7223

Daytime Phone #