

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 OCT 16 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000098061

1. Corporation Name

Phoenix Door Company Inc.

2. Principal Office Address

16531 SW 68 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip 33193

Country

USA

3. Mailing Office Address

16531 SW 68 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33193

Country

USA

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

11/20/98

5. FEI Number

65-0875707

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

Wilson J. Vargas

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

16531 SW 68 Terrace

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33193

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]

REGISTERED AGENT MUST SIGN

Date 10/12/01

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	Wilson J. Vargas	16531 SW 68 Terrace	Miami, FL 33193
VD	Ileana Duarte	16531 SW 68 Terrace	Miami, FL 33193

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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

10/12/01
Date

(305) 752-0691
Daytime Phone #

CR2E001 (0700)