

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



FLORIDA DEPARTMENT OF STATE

Katharine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -3 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000006957

1. Corporation Name

WOOD & WOOD STYLE CORP

2. Principal Office Address

3190 S. STATE RD 7

3. Mailing Office Address

3190 S. STATE RD 7

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

22

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, florida

Zip

33023

Country

BROWARD

Zip

33023

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0890169

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

HAROLD TENORIO

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

3190 S. STATE RD 7

Suite, Apt. #, Etc.

22

City

MIRAMAR

State

FL

Zip Code

33023

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

REGISTERED AGENT MUST SIGN

Date 12-14-00

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
P	HAROLD TENORIO	3190 S. STATE RD 7	MIRAMAR, FLORIDA
T/S	ELAINE ROMERO	3190 S. STATE RD 7	MIRAMAR, FLORIDA

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-14-00

Date

(954) 966-6563

Daytime Phone #

292

December 14, 2000

FLORIDA DEPARTMENT OF STATE
Corporation Reinstatement Section
P.O. BOX 6327
Tallahassee, Florida 32314

Ref: P99000006957
Reinstatement waiver fee

Dear Sir / Madam

We are summatting this letter with the propose to request the waiver of the Reinstatement filing fees of \$600 for the following reasons:

1. That the original annual registration forms for the year 2000 was mailing to the wrong address because, wee change our address some time in 1999.
2. That our accountant was out of the country from April 2000, to November 2000 therefore we was not aware that the annual report was not properly file on time for the year May 1, 2000.
3. Because for the above mitigating circumstances, we are requesting the waiver of the Reinstatement filing fee of \$ 600.

We are enclosing the annual registration fee of \$150. Plus \$ 8.75 for one Certificate of Status.

Should your have any questions regarding of our request, please contact Alvaro Mesa our legal assistance at the address and phone given below.

3190 S. State Rd 7
Unit 22
Miramar, FL 33023
Tel (954) 989-1709

Very truly yours,

By 
HAROLD TENORIO
President
(954) 966-6563