

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 AUG 28 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P99000007142**

1. Corporation Name

Deaco Carpentry Corp.

800007456718--3

-08/30/02--01058--016

****550.00 ****550.00

2. Principal Office Address

8546 Fort Clinch

3. Mailing Office Address

8546 Fort Clinch Ave

Suite, Apt. #, etc.

Ave.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32822

Country

Zip

32822

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/1999

5. FEI Number

59-3560546

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

Luis E. Galindo

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

8546 Fort Clinch Ave

Suite, Apt. #, Etc.

0

City

Orlando

State
FL

Zip Code

32822

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

Luis E. Galindo

REGISTERED AGENT MUST SIGN

Date

8/24/2002

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	Rodriguez, Pedro	3704 ALde Gate PL	CASSE/berry FL 32707
VP	Galindo, Luis E.	8546 Fort Clinch Ave	Orlando FL 32822

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:

Luis E. Galindo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/2002 407-382-5503

Date

Daytime Phone #

8/28/02