

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 18 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065364

1. Corporation Name

RAMIREZ CARPENTRY, INC.

2. Principal Office Address

4575 S.W. 75 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

3. Mailing Office Address

4575 S.W. 75 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/23/99

5. FEI Number

650936234

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

Narciso Ramirez, c/o Ana M. Condis, EMS - Executive Multiple Services

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

6854 West Flagler Street

Suite, Apt. #, Etc.

City

MIAMI, FL 33144

State

FL

Zip Code

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

Narciso Ramirez, President

REGISTERED AGENT MUST SIGN

Date May 13, 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
Pres.	Narciso Ramirez	6311 S.W. 6 Street	Miami, FL 33144
	no other officers and/or directors		

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.

Narciso Ramirez, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 13, 2002

Date

Daytime Phone #

305-
975-3806

Ramirez Carpentry, Inc.

4574 S.W. 75 Avenue
Miami, FL 33155

May 13, 2002

Val

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Dear Sirs:

Enclosed you will please find:

- Corporation Reinstatement Form
- Statement of Change of Registered Office or Registered Agent or Both for Corporation

Please reinstate my corporation. _ Also enclosed is copy of annual report for 2000 along with copy of check for \$150 dated April 17, 2000 which you apparently did not receive and was never cashed. I never heard back from the Division of Corporations again. Please be so kind as to wave the late fees.

Enclosed is cashier's check to cover the following:

\$150.00	for 2000 annual report
\$150.00	for 2001 annual report
\$150.00	for 2002 annual report
\$ 8.75	for certified copy of articles of incorporation
\$ 8.75	for certificate of status
\$ 35.00	filing fee for Statement of Change of Registered Office/Agent

\$502.50 total

Please send me requested documentation at my above address.

Thank you in advance for your prompt attention to this matter,

Sincerely yours,

Narciso Ramirez,, President

