

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000106856**

1. Corporation Name

**Estate Millwork Contractors.**

2. Principal Office Address

**8362 Pines Blvd**

Suite, Apt. #, etc.

**#269**

City & State

**P. Pines FL**

Zip

**33025**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/3/99**

5. FEI Number

**65-0973765**

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

**Felix Vargas**

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

**651 SW 98 Terr.**

Suite, Apt. #, Etc.

**P. Pines**

City

State

**FL**

Zip Code

**33025**

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

**2/20/02**

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.	Felix Vargas	651 SW 98 Terr. P. Pines FL 33025	P. Pines, FL 33025

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

**Felix Vargas**

**2/20/02**

Date

**984-394-747**

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAR 13 PM 3:44

CR2E081 (10/02)

March 13, 2003

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

Re: Estate Millwork Contractors  
651 S.W. 98 Terrace  
Pembroke Pines, FL 33025

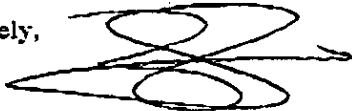
To Whom It May Concern:

Please be advised that due to an incorrect address in your records, I did not receive my 2000 corporation reinstatement notice.

Please accept this letter as my request to reinstate my corporation. Attached you will find my reinstatement fee, check #1651 in the amount of \$600.00.

If you have any questions, please feel free to contact me at 954-394-7147.

Sincerely,

A handwritten signature in black ink, appearing to be 'Felix Vargas', with a stylized, overlapping loop structure.

Felix Vargas  
President

cc: file