

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

23 AUG -6 AM 8:57

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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***1050.00 ***1050.00

DOCUMENT # P95000095373

1. Corporation Name
A.K. WOOD CRAFT, INC.

Principal Place of Business Mailing Address
3550 23RD AVENUE 3550 23RD AVENUE
BAY BL BAY BL
LAKE WORTH, FL 33461 LAKE WORTH, FL 33461


REINSTATEMENT 97.99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida DEC. 14, 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0303393	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	


7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	ANTONIOS LOUKAS	3550 23 RD AVENUE BAY BL	LAKE WORTH, FL 33461

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ANTONIOS LOUKAS 3550 23 RD AVENUE BAY BL LAKE WORTH, FL 33461		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent:  Date: 8/4/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 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 taxes 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:  Date: 8/4/99 (561) 576-6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2001 (12/98)