

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -2 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118677

1. Corporation Name

WOOD SURFACES & DECOR, INC.

REINSTATEMENT 02-04

MRS

2. Principal Office Address

20340 NW 15 Ct.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#53

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip 33179

Country USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/14/2001

5. FEI Number

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

JUAN D. DAVILA

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

20340 NW 15 Ct

300042761243

Suite, Apt. #, Etc.

#53

City

MIAMI

State
FL

Zip Code

33179

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

Juan Davila
REGISTERED AGENT MUST SIGN

Date Nov. 01, 04

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
<u>Pres</u>	<u>Juan D. Davila</u>	<u>20340 NW 15 Ct. #53</u>	<u>Miami Florida 33179</u>

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

Nov. 01, 04, 786-3318500

Date

Daytime Phone #