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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (1/07)

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|--|--|--|---------------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 483640 | | | |
| 1. Corporation Name <div style="font-size: 1.5em; font-weight: bold; text-align: center;">SPRUCEWOOD, INC.</div> | | | |
| 2. Principal Office Address - No P.O. Box # 4 PARK RIDGE WAY | | 3. Mailing Office Address 4 PARK RIDGE WAY | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State ORMOND BEACH, FL | | City & State ORMOND BEACH, FL | |
| Zip 32174 | Country USA | Zip 32174 | Country USA |
| 7. Name and Address of Current Registered Agent | | | |
| Name RONALD H WINTON | | | |
| Street Address (P.O. Box Number is Not Acceptable) 4 PARK RIDGE WAY | | | |
| Suite, Apt. #, Etc. | | | |
| City ORMOND BEACH | | State FL | |
| Zip Code 32174 | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| 5. FEI Number 591631262 | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status. | | | |
| <input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | | | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. | | | |
| Signature of Registered Agent  | | Date 09/24/2007 | |
| REGISTERED AGENT MUST SIGN | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| PD | RONALD H WINTON | 4 PARK RIDGE WAY | ORMOND BEACH, FL 32174 |
| | | | |
| | | | |
| <div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div> | | | |
| 04-07 RS | | | |
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| | | | |
| 10. I certify that I am an officer or director of 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 807.0401 or 817.0401, 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 contained in Chapter 119, 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 09/24/2007 | |
| 386-615-8030 | | Daytime Phone # | |

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Sep 25 2007 7:37AM A1A CORPORATE SERVICES

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DATE: 09/24/2007

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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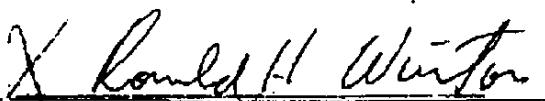
FROM: SPRUCEWOOD, INC.
RONALD H WINTON

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2004, 2005,
2006 and 2007.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 386-615-8030.

THANKS,


SPRUCEWOOD, INC.
RONALD H WINTON

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Florida Department of State
Division of Corporations
Public Access System

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Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
 Fax Number : (850) 205-0384

From: Account Name : A 1 A CORPORATE SERVICES, INC.
 Account Number : I20010000247
 Phone : (800) 494-3124
 Fax Number : (305) 675-2811

CORPORATION REINSTATEMENT

SPRUCEWOOD, INC.

| | |
|-----------------------|------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$1,200.00 |