

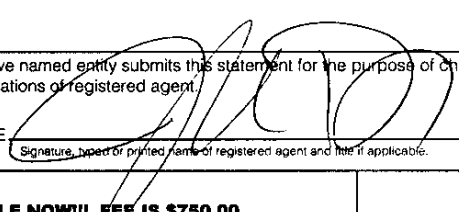
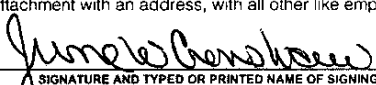


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 590517</b> 1. Entity Name <b>WOOD'S BARBECUE ENTERPRISES, INC.</b>						<b>FILED</b> <b>06 DEC 28 PM 5:12</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>15601 LOCKMABEN AVE.</b> <b>FORT MYERS, FL 33912</b>				Mailing Address <b>15601 LOCKMABEN AVE.</b> <b>FORT MYERS, FL 33912</b>			
2. Principal Place of Business		3. Mailing Address <b>C/O BARCELONA &amp; PILARSKI</b> <b>PO Box 2489</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				12212006 REIN-P CR2E098 (11/05) 2006	
City & State <b>FORT MYERS, FLORIDA</b>		4. FEI Number <b>59-1912538</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33902</b>	Country	Zip <b>33902</b>	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>WOODS, M.L.</b> <b>15601 LOCKMABEN AVE.</b> <b>FORT MYERS, FL 33912</b>				7. Name and Address of New Registered Agent Name <b>PILARSKI, JOHN L.</b> Street Address (P.O. Box Number is not Acceptable) <b>6249 Presidential Ct</b> <b>STE D</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33919</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				<b>John L. PILARSKI</b> <b>12/21/2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>ST</b> NAME <b>WOODS, ROCKLYN</b> STREET ADDRESS <b>15601 LOCKMABEN AVE.</b> CITY-ST-ZIP <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>S, D</b> NAME <b>ROCKLYN WOODS</b> STREET ADDRESS <b>15601 LOCKMABEN AVE</b> CITY-ST-ZIP <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>TD</b> NAME <b>WOODS, M.L.</b> STREET ADDRESS <b>15601 LOCKMABEN AVE.</b> CITY-ST-ZIP <b>FORT MYERS, FL 33912</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>D, P, T</b> NAME <b>JUNE CRENSHAW</b> STREET ADDRESS <b>4758 NE 136th AVE</b> CITY-ST-ZIP <b>OXFORD, FL 34484</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE:  President 12-23-06 352-748-0202</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							