2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F80384

Name:

Address:

City-St-Zip:

FILED Jun 24, 2005 Secretary of State

Entity Name: MARIO THE WOODCRAFTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 1475 NE 129 ST NORTH MIAMI, FL 33161 **Current Mailing Address: New Mailing Address:** 1475 NE 129 ST NORTH MIAMI, FL 33161 FEI Number: 59-2198662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERGER MARIO 1475 NE 129 AVE N MIAMI, FL 33161 US 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. SIGNATURE: MARIO PERGER Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PERGER, MARIO, PERGER, MARIO SR., Name: Name: 1475 NE 129 ST. 1475 NE 129 ST. Address: Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: NORTH MIAMI, FL 33161 Title: () Delete Title: VΡ () Change (X) Addition Name: Name: PERGER, STEFANO 1475 NE 129 ST. Address: Address: City-St-Zip: City-St-Zip: NORTH MIAMI, FL 33161 Title: Title: () Delete () Change (X) Addition PERGER, MARIO JR Name: Name: 1475 NF 129 ST Address Address: City-St-Zip: City-St-Zip: NORTH MIAMI, FL 33161 Title: () Delete Title: VΡ () Change (X) Addition MICCIOLLO, MICHAEL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

1475 NE 129 ST.

NORTH MIAMI, FL 33161

SIGNATURE: MARIO PERGER PD 06/24/2005