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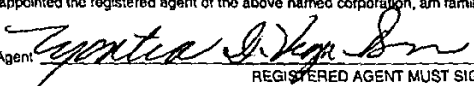

P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 JUN 23 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H 43722			
1. Corporation Name ATLAS MILLWORK, INC.			
2. Principal Office Address 3735 NW 78TH STREET		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33147	Country USA	Zip	Country
REINSTATEMENT 94-05			
4. Date Incorporated or Qualified To Do Business in Florida 02/14/1985		5. FEI Number 59-2496321	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name MARTHA I. VEGA-BARRIOS			
Street Address (P.O. Box Number is Not Acceptable) 3169 NW 100TH STREET			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33147
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 		Date 6/20/05	
REGISTERED AGENT MUST SIGN			
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
PTD	FRANCISCO I. BARRIOS	3169 NW 100TH ST	MIAMI, FL 33147
VSD	MARTHA I. VEGA-BARRIOS	3169 NW 100TH STREET	MIAMI, FL 33147
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:  MARTHA I. VEGA-BARRIOS 6/paper 305-836-8367			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

CR2001 (01/05)