

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 14 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K41175

1. Corporation Name

OLIVERI WOODWORKING, INC.

2. Principal Office Address

3001 TUXEDO AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

3001 TUXEDO AVENUE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33405

Country

USA

Zip

33405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/1988

5. FEI Number

650093065

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

OLIVERI, VINCENT S

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

3001 TUXEDO AVENUE

600022315166

Suite, Apt. #, Etc.

08/14/03--01040--001 **908.95

City

WEST PALM BEACH

State

FL

Zip Code

33405

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

Vincent S. Oliveri

Date 08/12/2003

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
D	OLIVERI, VINCENT S	3001 TUXEDO AVENUE	WEST PALM BEACH, FL 33405

REINSTATEMENT 02-475

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:

Vincent S. Oliveri

VINCENT S. OLIVERI

08/12/2003 (561) 478-7233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)