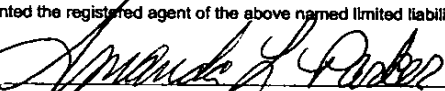
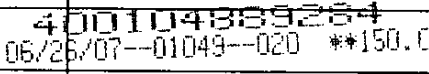



COMPLETING THIS FORM.
Sent ck # 1051 = \$150.00

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000058279		Sent-ck# 1051 = \$150. JUN 20 AM 10:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Limited Liability Company's Name			
All Wood Works LLC			
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	CR2E041 (1/07)	
16326 sw 15th ave	16326 sw 15th ave		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. State/Country of Formation	
Newberry, FL	Newberry, FL	Florida, usa	
Zip	Country	5. Date Organized or Qualified To Do Business in Florida	6. FEI Number
32669	usa	08/10/2004	32-0123049
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent			
Name			
Amanda Parker			
Street Address (P.O. Box Number is Not Acceptable)			
16326 sw 15th ave			
Suite, Apt. #, Etc.			
City	State	Zip Code	
Newberry	FL	32669	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date	
		6-12-07	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Daniel Keith Parker	16326 sw 15th ave	Newberry ,FL 32669
REINSTATEMENT 2005-2007  DB			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager		Date	
		6-12-07	
Typed or printed name of signing Managing Member/Manager		Daytime Phone #	
Daniel Keith Parker			