


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 AUG -8 PM 3:16

DOCUMENT # L16000112567
 Limited Liability Company's Name
 WOOD SHOWCASE, LLC

Principal Office Address - No P.O. Box # 57 OCEAN AVE		3. Mailing Office Address 2057 OCEAN AVE	
Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKLYN, NY		City & State BROOKLYN, NY	
Country US	Zip 11230	Country US	Zip

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
 Fred F. Andreu, P.A.

Street Address (P.O. Box Number is Not Acceptable) Suite,
 100 SW 97 Avenue

Apt. #, Etc.
 Suite 201

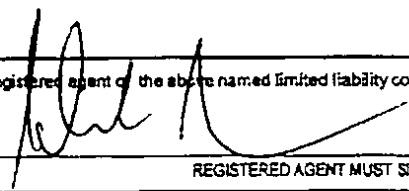
City
 Miami

State
 FL

Zip Code
 33173

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 06/08/17--01024--007 **238.75

I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date 8/1/17

REGISTERED AGENT MUST SIGN


Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
IGR	Philip Knoll	2057 OCEAN AVE.	BROOKLYN, NY 11230

T. HENDERSON
AUG 09 2017

1. E-mail Address: afred@andreu-law.com / psknoll@gmail.com
 (To be used for future annual report notifications)

2. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 05.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member  Date 8/1/17 Daytime Phone # 914-210-4867 (305) 903-8314

Typed or printed name of signing authorized representative/member Philip Knoll