

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -8 PM 5:26

DOCUMENT # L35552

1. Corporation Name

Wood Systems, Inc.

2. Principal Office Address

4377 S.W. 75th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country

Miami-Dade

3. Mailing Office Address:

Same

Suite, Apt. #, etc.

City & State

Florida

Zip

Country

REINSTATEMENT 95-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/89

5. FEI Number

650176439

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

Eduardo Alfonso

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

10381 S.W. 64th Street

Suite, Apt. #, Etc.

000004316230-4

-05/24/01--01097--048

***1650.00 ***1650.00

City

Miami

State

FL

Zip Code

33173

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 5/3/01

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
SD	Susan Alfonso	10381 S.W. 64th Street	Miami, FL 33173
PD	Eduardo Alfonso	10381 S.W. 64th Street	Miami, FL 33173

Handwritten signature/initials

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 Eduardo Alfonso, 5/3/01 (786) 388-9919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)