
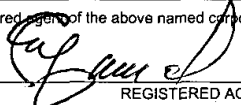


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>01 OCT 19 PM 3:30</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>DOCUMENT #</b> <u>M00738</u>					
<b>1. Corporation Name</b> <b>LUMBER SERVICE AND DERIVED. INC</b> <u>W010000193166</u>					
<b>2. Principal Office Address</b> <b>535 Aragon Ave.</b> Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> <b>535 Aragon Ave.</b> Suite, Apt. #, etc.		<b>REINSTATEMENT</b> <u>95-DE</u>	
City & State <b>Coral Gables FL</b>		City & State <b>Coral Gables FL</b>		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <b>May 6 1984</b>	
Zip <b>33134</b>	Country <b>USA</b>	Zip <b>33134</b>	Country <b>USA</b>	<b>5. FEI Number</b> <b>59-241-02 76</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name <b>Ayuban Tomas</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>230 Mendoza</b>	
Suite, Apt. #, Etc. <b>Apt. 16</b>	
City <b>Coral Gables</b>	State <b>FL</b>
	Zip Code <b>33134</b>


**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 8/11/2001

REGISTERED AGENT MUST SIGN

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<u>P</u> <u>T</u>	<b>Pierre Ligeard</b>	<b>535 Aragon Ave.</b>	<b>Coral Gables. FL .33134</b>

**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:**  Date 8/06/2001 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR