

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 APR -7 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03242009 REIN-LLC CR2E101 (1/07)

DOCUMENT # M06000000408 1. Entity Name WOODWORKERS PLUS LLC					
Principal Place of Business 823 KALIF AVE SW PALM BAY, FL 32908			Mailing Address 2880 N. WICKHAM RD SUITE 1301 MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box # 823 KALIF AV SW Suite, Apt. #, etc. PALM BAY FL. City & State		3. Mailing Address 823 KALIF AV SW Suite, Apt. #, etc. PALM BAY FL City & State			
Zip 32908	Country	Zip 32908	Country	4. FEI Number 56-2646978	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALEKSIEJCZUK, WIESLAW 823 KALIF AVE SW PALM BAY, FL 32908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4.02.2009 <small>NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALEKSIEJCZUK, WIESLAW 823 KALIF AVE SW PALM BAY, FL 32908 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 400148974134 04/07/09--01030--025 **277.50 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 4.02.2009 <small>Daytime Phone #</small>		

REINSTATEMENT