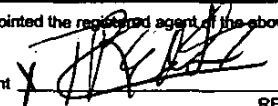
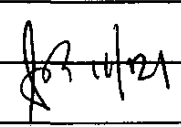
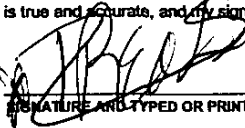


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 NOV 20 PM 4:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA 600081959396 11/20/06--01074--003 **50.00 04-06 CR2E081 (12/05)
DOCUMENT # P00000053100			
1. Corporation Name Wood America Corporation			
2. Principal Office Address 12110 SW 31ST Suite, Apt. #, etc. —		3. Mailing Office Address 12110 SW 31ST Suite, Apt. #, etc. —	
City & State Miami, FL		City & State Miami, FL	
Zip 33175	Country USA	Zip 33175	Country USA
		4. Date Incorporated or Qualified To Do Business in Florida 06-01-2000	
		5. FEI Number 650774842	☒ 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 Raul M. Rivas			
Street Address (P.O. Box Number is Not Acceptable) 12110 SW 31ST			
Suite, Apt. #, Etc. —			
City miami		State FL	Zip Code 33175
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 11/17/06	
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
P	Raul M. Rivas	12110 SW 31ST	miami, FL 33175
			
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 contained in Chapter 119, 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 11/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			