


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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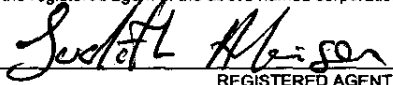
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>CORPORATION REINSTATEMENT</b> <b>02-03</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P00000064194 <b>1. Corporation Name</b> EUROPEAN WOODCRAFT, INC.			
<b>2. Principal Office Address</b> 1751 N.W. 1 <sup>ST</sup> AVE Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 1751 N.W. 1 <sup>ST</sup> AVE Suite, Apt. #, etc.	
<b>City &amp; State</b> BOCA RATON FL		<b>City &amp; State</b> BOCA RATON FL	
<b>Zip</b> 33432	<b>Country</b> U.S.A.	<b>Zip</b> 33432	<b>Country</b> U.S.A.

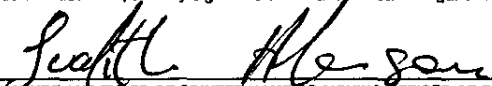
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 6-29-00	
<b>5. FEI Number</b> 65-1086357	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> JUDITH HARRISON	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2702 SW 6 <sup>th</sup> ST	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> DELRAY BCH	<b>State</b> FL
<b>Zip Code</b> 33445	

<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.</b>	
<b>Signature of Registered Agent</b> 	<b>Date</b> 7-14-03
<b>REGISTERED AGENT MUST SIGN</b>	

<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>
P	JUDITH HARRISON	2702 S.W 6 <sup>th</sup> ST DELRAY BCH	FL 33445

<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.</b>	
<b>SIGNATURE:</b> 	<b>Date</b> 7-14-03
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	
<b>Daytime Phone #</b> 561 715-3281	

CR2E081 (10/02)

7/2/22

# **EUROPEAN WOODCRAFT, INC**

**1751 N.W 1st AVENUE,  
BOCA RATON, FL  
33432  
561-395-9633**

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DEAR SIR/MADAM,

I AM APPLYING FOR RE-INSTATMENT FOR MY COMPANY. MY

DOCUMENT # IS P00000064194.

THIS HAS COME ABOUT DUE TO NON RECEIVING OF THE STANDARD U.B.R FORM. MY OFFICE/ WORKSHOP IS LOCATED IN A WAREHOUSE THAT WAS DIVIDED UP INTO SMALLER SECTIONS. THIS HAS CAUSED TERRIBLE PROBLEMS WITH THE MAILING ADDRESSES OF THE OCCUPANTS, WE ARE STILL TRYING TO HAVE OUR POST MASTER ALLOCATE ACTUAL WORKING ADDRESSES FOR US. IN THE MEAN TIME THE RECEIVING OF MAIL TO THIS LOCATION IS IN A MESS. I DO HOWEVER REALISE THAT IT IS MY RESPONSIBILITY TO FILE THE U.B.R THIS HAS BEEN AN OVERSIGHT DUE TO NOT RECEIVING THE RENEWAL FORM.

I AM SENDING YOU THE \$300.00 FOR 2002 AND 2003 FILLING FEES AS INSTRUCTED BY ONE OF YOUR COLLEGUES OVER THE PHONE.

THANK YOU FOR YOUR UNDERSTANDING



7-14-03

JUDITH HARBINSON  
PRESIDENT