PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR _-REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

P00000095104 DOCUMENT #

1. Corporation Name

SIGNATURE WOODWORKING INC.

Principal Place of Business

Mailing Address

4241 W MCNAB APT 19 POMPANO BEACH FL 33069

4241 W MCNAB APT 19 POMPANO BEACH FL 33069 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIÐA



If above a	ıddresses are	incorrect in any way, line thr	rough incorrect in	nformation	and enter correction below				
					ddress, If Applicable	4 Date Incorr	4. Date Incorporated or Qualified		
221				E.	Atlantic Blue	To Do Busi	4. Date Incorporated or Qualified To Do Business in Florida 10/09/2000		
Suite, Apt. #, etc. Suite, A			Suite, Apt. #,	etc.					
							5. FEI Number Applied For		
City & State			City & State Fompano Beach, FL			6. 1045984 Not Applic			
Zip Country Zip 3.3			3306	-2-	Country	1	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonpre	ofit corporations must list at I	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD	TURAN, WILLIAM M			4241 W MCNAB APT 19			POMPANO BEACH FL 33069		
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8. Name and Address of Current Registered Agent						Q Name and	9. Name and Address of New Registered Agent		
8. Name and Address or Current Registered Agent Name						J. Hame and			
								CREEDALISMU	
KERLEW, MICHAEL A					Street Address	Street Address (P.O. Box Number is Not Acceptable)			
2213 E ATLANTIC BLVD						,	-	[2]	
POMPANO BEACH FL 33062					Suite, Apt. #, E	tc.			
					City State Zip Code			Zip Code	

11. 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 filling

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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

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: