PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR 12 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098874

1. Corporation Name
OURO CUSTOM WOODWORK INC
8269 CEDAR HOLLOW LANE
BOCA RATON, FL 33433

2. Principal Office Address	**3.** Mailing Office Address
P.O. BOX 4423	PO BOX 4423
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DEERFIELD BEACH FL	DEERFIELD BEACH, FL
Zip: 33442 Country: BROWARD	Zip: 33441 Country: BROWARD

01-02 UBR

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1052679 ☐ 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: MIKE OURO
Street Address (P.O. Box Number is Not Acceptable): 8269 CEDAR HOLLOW LANE
Suite, Apt. #, Etc.:
City: BOCA RATON State: FL Zip Code: 33433

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-05/08/02--01017--002
****300.00 ****300.00

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: [signature] Date: 4-11-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRES	MIKE OURO	8269 CEDAR HOLLOW LANE	BOCA RATON, FL 33433

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******8.75 ******8.75

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: [signature] 4-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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OURO CUSTOM WOODWORK, INC
8269 CEDAR HOLLOW LANE
BOCA RATON, FLORIDA 33433

ph# 561 239 7269
office 954 428 0735

APRIL 11, 2002

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

RE: OURO CUSTOM WOODWORK, INC. #P00000098874

GENTLEMEN:

WE MOVED MY OFFICE LAST YEAR, AND FOR SOME REASON MY UNIFORM BUSINESS REPORT NEVER GOT TO ME.

I ONLY FOUND OUT YESTERDAY, THAT MY COMPANY WAS TERMINATED.

ENCLOSED ARE TWO CHECKS, ONE FOR $300.00 TO PAY FOR MY 2001 & 2002 CORPORATION, AND THE OTHER CHECK FOR $8.75 FOR A CERTIFICATE.

WOULD YOU BE KIND ENOUGH TO WAVE ALL THE PENALTY CHARGES, AND REINSTATE MY CORPORATION AS SOON AS POSSIBLE.

THANK YOU IN ADVANCE FOR YOUR KIND CONSIDERATION.

SINCERELY,

MIKE OURO
PRESIDENT
OURO CUSTOM WOODWORK, INC.