PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 06 APR -3 PH 2: 24			
DOCUMENT # P0100003230 1. Corporation Name										·利益。	FLORIDA
ACCENT WOODWORKING INC.											
2. Principal 1449	Office Addre	ำื่d S	Street N	3. Mailing Office Address 681 Casler Avenue				1 g . Bib See .		CR2E081 (12/05) 🖯 🖞	04-0
Sule AQL #, etc. #2A				Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida 01/09/2001			
Člearwater, Florida				Clearwater, Florida				5. E. Dunbe 92649 Applied For Not Applicable			
33760 ÜSA			33755 ÜSA			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent											
	^Ŋ anet L. Carnevali										
	Street Address (P.O. Box Number is Not Acceptable) 681 Casier Avenue										
	Suite, Apt. #, Etc.							-			1
	Ĉlearwater,								State FL	33755	
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		
9. Names	and Street A	ddresse	s of Each Officer and	d/or Director (Flo	orida nonpre	ofit corporation	ns must list at le	east 3 directors)			
Titles	Name of Officers and/or Directors						Address of Eac and/or Directo				
Dir	Janet I. Carnevali			li 681 Casler Ave			nue	ue Clearwater, FI 33755			
Dir	Richard P. Carne			evali	li 681 Casler Ave		nue	Clearwater, Fl 33755			
	167415										
	4							04/1	1706- 1706-	0 7045502 01041003 **	450.00
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: SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											

taw office of Joseph N. Perlman

Belcher Place

Largo, FL 33771

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*Joseph N. Perlman joseph@libertytitleagency.com

Practice Limited to: Real Estate Business/Commercial Law

*Also Admitted in Ohio

March 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Attn: Reinstatement Section

Re: Accent Woodworking Inc. P01000003230

Dear Sir/Madam:

Per conversation with your office on this date the late fee is to be waived due to the fact that the address change which was sent in and filed on April 24, 2003 which stated the city as Clearwater was incorrectly listed by your office as Largo, and therefore the annual filing notice was never received by the corporation.

Enclosed please find a completed Corporate Reinstatement form along with a check in the sum of \$450.00 for the filing fee required for the years 2004, 2005, and 2006 with reference to the above captioned corporation.

Thank you for your attention in this matter.

Very truly yours,

Dolly Weber, Legal Assistant to Joseph N. Perlman, Esquire

Enclosure