2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 SEP 13 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016139

1. Entity Name
WOOD GOODS, INC.

Principal Place of Business	Mailing Address
8845 132 STREET MIAMI, FL 33176	8845 132 STREET MIAMI, FL 33176

09122005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
45 S. Flagler Ave Suite, Apt. #, etc.	45 S. Flagler Ave Suite, Apt. #, etc.
City & State: Homestead FL	City & State: Homestead, FL.
Zip: 33030 Country: DADE	Zip: 33030 Country: DADE

4. FEI Number: 65-1080477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLE, PAUL 19560 HOLIDAY ROAD MIAMI, FL 33157	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLE, PAUL 19560 HOLIDAY ROAD MIAMI, FL 33157	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000597871 7 09/20/05--01043--001 **300.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 04-05 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul McCole 8-24-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SOUTHWEST ACCOUNTING CENTER, INC.

P.O. BOX 971577
Miami, Fl 33197-1577

Phone 305-255-2511 Fax: 305-255-7313 E-mail: swacctg@bellsouth.net

August 24, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

ATT: Reinstatement Department

RE: Woodgoods, Inc.
P01000016139
Gentlemen:

Enclosed please find a check for the fee dues for 2004 and 2005. Please be advised that my client moved and never received the UBR for 2004.

The old address was:
8845 132 St Miami, Fl 33176
The new address is: 45 S Flagler Ave Homestead, Fl 33030

Mailing address: Woodgoods, Inc.
c/o Southwest Accounting Center, Inc.
PO BOX 971577
Miami, Fl 33197
A self-address stamped envelope is enclosed for your convenience.

We want to Thank You in advance for your prompt and courteous attention in this matter.

Sincerely,

SOUTHWEST ACCOUNTING CENTER, INC.

Regina Lloret

Woodgoods, Inc.
Authorizing Regina Lloret to Act in my behalf.

Paul Cole