

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000028094		
1. Entity Name WOOD WORKERS DESIGNS, INC.		

FILED

06 OCT 18 PM 1:47

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1165-102 ST BAY HARBOR APT 10 MIAMI BCH, FL 33154	Mailing Address 1165-102 ST BAY HARBOR APT 10 MIAMI BCH, FL 33154
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2. Principal Place of Business 3620 NW 97 STREET	3. Mailing Address 3620 NW 97 STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
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Zip 33147	Country USA	Zip 33147	Country USA
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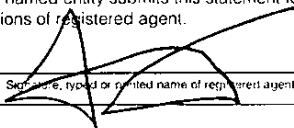
10112006 REIN-P CR2E098 (11/05) 06

4. FEI Number 65-1095573	Applied For Not Applicable
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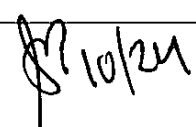
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOMEZ, JAVIER 1165 E- 102 APT 10 MIAMI BEACH, FL 33154		7. Name and Address of New Registered Agent Name GOMEZ, JAVIER Street Address (P.O. Box Number is Not Acceptable) 3620 NW 97 STREET City MIAMI FL Zip Code 33147	
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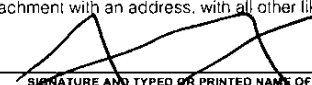
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  JAVIER GOMEZ 10/11/2006
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.	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, JAVIER 1165-102 ST BAY HARBOR #10 MIAMI BCH, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOMEZ, JAVIER 3620 NW 97 STREET MIAMI, FL 33147 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800080958488 ☐ Change ☐ Addition 10/16/06--01039--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemptions contained in Chapter 119, 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:  JAVIER GOMEZ 10/11/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

Dear Sir or Madam at the Florida Division of Corporation,

As per our conversation on October 13, 2006 we write this letter on behalf of:

WOOD WORKERS DESIGNS, INC

MAILING ADDRESS

3620 NW 97 STREET
MIAMI, FL 33147

Document Number
P01000028094

FEI Number
651095573

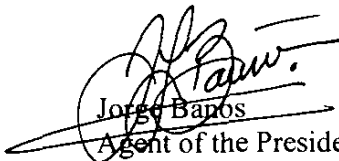
Date Filed
03/19/2001

The representative at the Division allowed us to pay the regular annual fee for this year's renewal. This corporation never received its annual report renewal card and we ask that you please waive the reinstatement fee due to non-receipt of the notice.

I am sending a check for \$150.00 this year's renewal.

Thank you very much for your understanding,

Sincerely,


Jorge Banos
Agent of the President