PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 27 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000089794

1. Corporation Name

MOBILE WOODCRAFT INC.

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
2545 E SUNRISE BLVD	2545 E SUNRISE BLVD
Suite, Apt. #, etc.: 128	Suite, Apt. #, etc.: 128
City & State: FTLAUDERDALE FL	City & State: FORT LAUDERDALE FL.
Zip: 33304 Country: USA	Zip: 33304 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-1142443 — 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: MARIO PAGEAU

Street Address (P.O. Box Number is Not Acceptable): 2545 E SUNRISE BLVD #128

Suite, Apt. #, Etc.: 128

City: FT LAUDERDALE State: FL Zip Code: 33304

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: Mario Pageau — Date: 12/22/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	MARIO PAGEAU	2545 E SUN RISE BLVD #128 FTLAUDERDALE FL 33304	FT LAUDERDALE FL- 33304

600044575636
01/18/05--01013--015 **300.00

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 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: Mario Pageau — 12/22/04 — 954-673-1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vol 2

November 16 2004

Division of Corporation
Reinstatement Division
Po Box 6327
Tallahassee, FL. 32314

RE: MOBILE WOODCRAFT
P01000089794

Since, I Moved from 724 N.E. 6st #2 Hallandale FL 33009
SO NOW MY MAILING address is:

2545 E SUNRISE BLVD SUITE 178
FORT LAUDERDALE FL. 33304

I never received The annual report and consequenthy never Paid The annual due.

So I want To Keep my corporation Open AND Im including a check of $ 300.00 for 2003 AND 2004 years.

If youre not agreeable Please Return me everything

Sincerely

MARIO PAGGAU
PRESIDENT