2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000096053							FLED				
1. Entity Name MIAMI WOODWORK INC.							05 JAN -3 AM 9: 39				
						The second	SECKLIARY OF STATE TALLAHASSELLELONIDA				
Principal Place of Business 9455 N.W. 109TH ST. BAY 103 & 104 MEDLEY, FL 33178				Mailing Address P.O. BOX 160147 HIALEAH, FL 33016-0003				TALLAHAS	SEL.EL(IMDA	
Principal Place of Business 3. Mailing Address											
							-	I EUZKI MÜLI BƏLIK BƏMI BƏ	TEL BETTE LUTTE STATE	ealo: a lica II.	JEBBE IJ JEBE
Suite, Apt. #, etc.				Suite, Apt. #, etc.			11012004	REIN-P	CR2E09	98 (6/04)	64
City & State				City & State			4. FEI Numb 51-043				oplied For of Applicable
Ζφ	Country			Zip Cou		ntry		of Status Desired		8.75 Add	
6. Name and Address of Current Rec							7. Name and Address of New Registered Agent				
BAUZA, H	ERMES C			-	Name						
5231 W. 2				Street Addres			TENED THE CONTRACTOR				
TINCES WI, TE SOUTO											
						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.											
SKRNATURE											
Signature, typod or initined form on the gistance agont and title is applicable. (NOTE: Registance Agont algorithms required when reinstating) OATE											
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00								In accordance corporation did	with s. 607.1 not receive	93(2)(b), the prior i	F.S., the notice.
10.	P	OFFICE	RS AND DIRE		11.		ADDITIONS	CHANGES TO OFF			
TITLE NAME	.BAUZA, HI	ERMES C		□ Delete	HAL	l l			1	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	5231 W. 25 HIALEAH,			25	EET ADDRESS /- ST-ZiP						
TITLE	ST			Onkie	E		80004	379	_dab_	Addition	
NAME STREET ADDRESS	BAUZA, MARIA 5 5231 W. 25TH CT.			Bier	NAM STR	IE EET ADDRESS	01/03/0501025004 **150.00				
CITY-ST-ZIP	HIALEAH, FL 33016					'-ST-ZIP					
TITLE NAME				Delete	TITL	I			ſ	☐ Change	Addition
STREET ADDRESS					STR	EET ADDRESS					
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NAME				☐ Deese	NAM	IE			ı		[_] realisant
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP					
TITLE				☐ Delete	गार्				[Change	☐ Addition
NAME STREET ADDRESS					NAS. STR	EET ADDRESS					
CITY-ST-ZIP	~				cin	- ST-2/P					
TITLE NAME				☐ Delete	TITE NAM	I			í	Change	☐ Addition
STREET ADDRESS						EET ADDRESS					
UTY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 eath; 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											
signature: Hermes C. Bauza /2/36/ 200 4											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR DECETOR DESCRIPTION AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR DECETOR DECET											
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