PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -8 AM 7:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000002776

1. Corporation Name

AMBER WOODS, INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
1803 Briar Creek Blvd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Safety Harbor, FL	City & State
Zip: 345695 Country: Pinellas	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/9/02

5. FEI Number: 02-0533441 ☐ 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: Kalina Sarmov, Esq.

900029308419
02/24/04--01039--027 **308.75

Street Address (P.O. Box Number is Not Acceptable): 1803 Briar Creek Blvd.

Suite, Apt. #, Etc.:

City: Safety Harbor State: FL Zip Code: 34695

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: Kalina Sarmov Date: 2-18-04

Kalina REGISTERED AGENT MUST SIGN Sarmov

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
C	Charles H. Monroe III	1803 Briar Creek Blvd.	Safety Harbor, FL 34695
VP	Ira S. Waitz	1803 Briar Creek Blvd.	Safety Harbor, FL 34695

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: Charles H. Monroe III Chairman 2-18-04 727-669-7412

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

Monroe's Prestige Group, Inc.

Retail Development

February 18, 2004

Department of State
Division of Corporations
Reinstatement Department
PO Box 6327
Tallahassee, FL 32314

Re: Amber Woods, Inc. – Reinstatement
Document #P02000002776

Dear Sir or Madam:

Enclosed please find the following items to reinstate the above-referenced corporation:

1. Application to Reinstate and
2. Check in the amount of $308.75.

Kindly file same and return a Certificate of Status for our files.

Sincerely,

June Kelly

June Kelly, CLAS
Certified Legal Assistant Specialist to
Kalina Sarmov, Esq., General Counsel

JK/
Encl.

1803 Briar Creed Blvd. • Safety Harbor, FL 34695
(727) 669-7412 • Fax (727) 799-7940