

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 28 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018638

1. Corporation Name

A & H WOODWORKS, INC

2. Principal Office Address - No P.O. Box #

210 CAPTAIN HOOK WAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

City & State

Zip

Country

33837

Zip

Country

7. Name and Address of Current Registered Agent

Name

ADAM LEHMAN

Street Address (P.O. Box Number is Not Acceptable)

210 CAPTAIN HOOK WAY

Suite, Apt. #, Etc.

City

DAVENPORT

State

FL

Zip Code

33837

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

5/23/08

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
PTSD	ADAM LEHMAN	210 CAPTAIN HOOK WAY	DAVENPORT, FL 33837

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

5/23/08

Daytime Phone #

800130291968
05/28/08--01001--014 **450.00
REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 02/19/02

5. FEI Number 35-2161088

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.