PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P0200095749 1. Corporation Name								FILED 05 MAY -2 PM 5: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
16802 \$	SPECIAI SW 50th S AR, FL 3	ST	JCTURE	=, INC								n 2	<u>-</u> カぢ
2. Principal Office Address 16802 SW 50th ST					3. Mailing Office Address SAME				REINSTATEMENT 03-0				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida]
City & State MIRAMAR				·	City & State FLORIDA -				5. FEI Numbe			✓ Applied For Not Applicable	1
Zip 33027	USA USA			Žíp		Country		6. CERTIFICATE	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee refor a Certificate of St			d	
	ļ	· · · ,			7.	Name and	Address of C	Current Registr	ered Agent				
	Name OSCAR QUINTERO												
	Street Address (P.O. Box Number is Not Acceptable) 16802 SW 50th ST												
	Suite, Apt. #, Etc.												
	City MIRAM	AR								State FL	Zip Code 33027		= 6
8. I, being	appointed the	e register	ed agent of	the abov	e named corp	oration, am	familiar with	and accept the	obligations of section	on 607.05	05 or 617.0503, F.S.		SR2E081 (01/05)
Signature of Registered /										Date			RZEOB
0 4			-451-04		GISTERED AC								- l°
Titles	Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at Titles Name of Street Address of Ea									ch ov. (C)			
11000	Officers and/or Directors				Officer and/or Direc				City / State / Zip			-	
PRES.	OSCAR QUINTERO				16802 SW 50th ST				MIRAMAR, FL 33027				
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									50 05/12	100 705	543406; 01074003	35 **450.00	
	- · · -				· · · · · · · · · · · · · · · · · · ·						. —		1
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this rein	nstatement a by the corpora application is	pplication ation have true and	the reason been paid accurate, a	for dissi and the i and my-si	olution has been ames of individignature shall h	en eliminated duals listed ave the san	d, the corpora on this form one legal effect	ate name satisfic do not qualify fo t as if made und	es the requirements r an exemption und der oath.	of section	or 617, F.S. I further certi n 607.0401 or 617.0401, n 119.07(3)(i), F.S. The int 754 423	F.S., that all fees formation indicated	1
	8	IGNATUR	AND TYPE	D OR PR	INTED NAME OF	SIGNING OF	FFICER OR DIF	RECTOR		Date	Daytime	Phone #	1

519an

April 22, 2005

Annual Reports Fillings Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Ref: WOOD SPECIAL STRUCTURE, INC.

Dear Sir or Madam

The purpose of this letter is to inform you that the 2003, 2004 Annual Report for Document # P02000095749 under the name WOOD SPECIAL STRUCTURE, INC., will be sent late due to the fact that I changed my address and I did not receive the form.

I would really appreciate it if you abate the penalty. I promise you that next year I'll file my report on time; you can be sure that this will not happen again.

I am enclosing a money order for \$450.00 which covers years 2003, 2004. and 2005 I am also enclosing a signed a reinstatement form .

I thank you in advance for your prompt attention and help to this matter.

Please feel free to call me if you need additional information.

I request that you accept this filing and forgive the penalty for the late filing.

Sincerely,

Øscar Quintero

President.