PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM! 6 AM 10: 38

CORPORATION REINSTATEMENT		Sed	PARTMENT OF Jim Smith cretary of State N OF CORPORATIONS				SECRETARY OF CALLAHASSEE FLO	STATE ORIDA
DOCUMENT # 1. Corporation Name	3650.							
University Millwork, Inc.								
2. Principal Office Address.	3. Mailing Office Address			REINSTATEMENT 03-04				
Sulte, Apt. #, etc. Bay 6.		Suite, Apt. #, etc.			4. Date incorporated or Qualified To Do Business in Florida 13-18-03			
City & State / Mi ami, FL		City & State		5. FEI Number Applied For Not Applicable				
33157 Country		Zip Country			6. CERTIFICATE OF STATUS DESIRED			
7. Name and Address of Current Registered Agent								
Name Girlemo Draz								
Street Address (P.O. Box Number is Not Acceptable) 12035 SW 14 Street								
Suite, Apt. #, Etc.								
City				State FL	33184			
8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date 61-14-04								
Signature of Registered Agent Date 61-14-04								
8. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD. Israel Diaz			10740 SW 190 St. Bay			Miani, FL 33157		
S.D. Jair Balujer			10740 SW 190 St. Bay			Mrawy FL 3315-7		
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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 fifing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date								

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UNIVERSITY MILLWORK, INC 10740 SW 190 Street, Bay 6, Miami, Florida, 33157 Phone (305)345.4846

January 14, 2004

Florida Department of State Division of Corporations

Re:

University Millwork, Inc Document # P02000132650

Dear Sr.,

As per my telephone conversation with your office, please accept this letter as a waiver to the penalty on my corporation. Furthermore, enclosed please find check # 1086 in the amount of \$ 300.00 for my annual fee of the years 2003 and 2004. I did not receive the Uniform forms by mail.

Thank you in advance for your attention in this matter.

Sincerely,

Israel Diaz

President/Director

Smal Dinz.