

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -7 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 09



10202004 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P03000007529</b> 1. Entity Name <b>ARISTOCRAFT CUSTOM WOODWORK, INC.</b>					
Principal Place of Business <b>1931 N.W. 29TH STREET</b> <b>OAKLAND PARK, FL 33311 US</b>			Mailing Address <b>6001 N.W. 25TH COURT</b> <b>SUNRISE, FL 33313 US</b>		
2. Principal Place of Business <b>1931 NW 29th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>6001 N.W. 25th Court</b> Suite, Apt. #, etc.			
City & State <b>Oakland Park, FL</b> Zip <b>33311</b> Country <b>US</b>		City & State <b>Sunrise, FL</b> Zip <b>33313</b> Country <b>US</b>		4. FEI Number <b>06-1672161</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NELSON, CARLOS</b> <b>6001 N.W. 25TH COURT</b> <b>SUNRISE, FL 33313</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete NAME <b>CARLOS NELSON</b> STREET ADDRESS <b>6001 NW 25th COURT</b> CITY-ST-ZIP <b>SUNRISE, FL 33313 US</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>000042554690</b> STREET ADDRESS <b>11/08/04--01022--001</b> CITY-ST-ZIP <b>**150.00</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby 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 oath; 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carlos Nelson</u> <b>CARLOS NELSON</b> 11/21/04 954-777-8434 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					