2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000035845 1. Entity Name WINGS FRAMING PLUS, INC.									04 DEC 29 AM 10: 23							
Principal Place 3306 W. WYO TAMPA, FL 3	MING AV.	5	3 1	Mailing Address 3306 W. WYOMING AV. TAMPA, FL 33611 WINGS FRAMING DI				-A/C.	JECKETARY OF STATE TALLAHASSEE, FLORIDA							
2. Principal Place of Business				Wings framing plus, Inc 3. Mailing Address Luis Zavala)					- 1 100 110 110 110 110 110 110 110 110							
Suite, Apt. #, etc.				Suite, Apt. #,	I FOR	ord Rd		12132004	REII	N-P ,	CR	2E098 (6/ 0 4)				
City & State				City & State	1.3	350	38	4. FEI Number 03-05/028/ Applied For Not Applicable								
Zip	Country			Zip Coun			itry	5. Certificate of Status Desired					\$8.75 Additional Fee Required			
	6. Name	and Address of C	urrent Regis	legistered Agent			7. Name and Address of New Registered Agent									
ZAÝALĂ, L 3306 W. W TAMPA, FL	~ -	Name Street Address (P.O. Box Number is Not Acceptable)														
							City					F	L Zip Coo	de.		
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.																
the obligations of registered agent. SIGNATURE June 27004 SIGNATURE 12/28/004																
<u> </u>	Signature, types	d or printed name of registe	ed good and title	e if applicable.	(NOTE	: Register	ed Agent signa	ifure requir	ed when rainstating)			DAT	E	••		
		FEE IS \$150.00 005, Fee will be								607.193(2)(b) eive the prior						
10.		OFFICEF	RS AND DIRE	CTORS .		11.			ADDITIONS	CHANG	ES TO O	FFICERS A	ND DIRECTOR	RS IN 11		
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indicated of the cor	l on this repr poration or	he information supp ort or supplemental the receiver or trust tachment with an ad	report is true ee empower	e and accurated and to execute	e and that report	ny signa as requ	ature shall h	nave the	same legal effe	ct as if n	nade und:	er oath; tha	it I am an office	er or director	2279	
SIGNAT	URE:	L	ne.	3	ovel	<u>-</u>			12	12	8/0	204		or Block 11 if	[/	
		SIGNATURE AND T	YPED OR PRINTE	ED NAME OF SIG	NING OFFICER	OR DIREC	TOR		7	Dą	ye		Daytime Phone #		I	

December 8,2004_.

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX#6327 TALLAHASSEE FL. 32314

Gentlemen:

My name is LUIS A ZAVALA and I'm writing you in reference to my Corporation "WINGS FRAMING PLUS INC. DOCUMENT No. PO3000035845, which it showns in the public inquiry online access as being INACTIVE, and after a phone call to your office I was told that the reason for that was because of non-payment for the annual report which I did not know was due on May 1st. of every year with the fee of \$150.00 ,BUT THE THING IS THAT I NEVER RECEIVED SAID RENEWAL FORM ANYWAY AND BY AUGUST OF 2003 I MOVED TO A DIFERRENT ADDRESS BUT BEFORE THAT DATE I NEVER RECEIVED IN MY OLD ADDRESS SAID ANUAL REPORT APPLICATION SO I COULD MAIL BACK TO YOUR OFFICE SAID ANNUAL REPORT FORM ALONG WITH THE FEES TO KEEP MY CORPORATION IN ACTIVE STATUS. THEN I GOT AN OFFER TO WORK IN THE STATE OF OHIO AND SO I WENT TO THAT STATE AND STAYED FOR ALMOST A YEAR, untill I came back to Florida in November but when I wanted to open a buss. account for my Business and my Corporation I was inform that my Corporation has been dissolved as of 10-01-2004, and so I am writing you as instructed by your office personell to RE-ACTIVATE MY CORPORATION, but in order to do that I am to get this anuual report so I can signed and mail you the correct fees that was initially suppose to be in the amount of \$150.00, which you can mail me to my new address that is:

> LUIS A ZAVALA 10620 STANFORD RD. WIMAUMA FL. 33598

SO PLEASE WRITE ME TO THIS ADDRESS THIS ANNUAL REPORT SO I CAN CONTINUE TO USE MY CORPORATION NAMED ABOVE IN MY REGULAR BUSINESS.

Respectfully; Luis A. Zavala Doc. No. P03000035845 10620 STANFORD RD. WIMAUMA FL. 33598 FED. ID. No.-03-0510281