


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000088595 1. Entity Name AAA HARDWOOD CREATIONS INC.	
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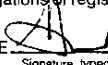
Principal Place of Business 402 SW 75TH TERRACE NORTH LAUDERDALE, FL 33068	Mailing Address P.O. BOX 17684 PLANTATION, FL 33318
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2. Principal Place of Business 5405 NW 102 AV Suite, Apt. #, etc. 211	3. Mailing Address 5405 NW 102 AV Suite, Apt. #, etc. 211
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City & State SUNRISE FL	City & State SUNRISE FL	4. FEI Number 562 442409	Applied For <input type="checkbox"/> Not Applicable
Zip 33351	Country US	Zip 33351	Country US

6. Name and Address of Current Registered Agent REID, EVERTON 8775 NW 36TH STREET 105 SUNRISE, FL 33351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT 04</div> City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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:  _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete REID, EVERTON 402 SW 75TH TERR N LAUDERDALE FL 33068	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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:  _____ DATE: **12-08-04** DAYTIME PHONE #: **954 803-7324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

04 DEC -9 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12082004 REIN-P CR2E098 (6/04) *MRS*