


2006 FOR PROFIT CORPORATION REINSTATEMENT

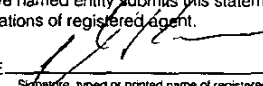
DOCUMENT # P03000155943		
1. Entity Name PAOLILLO WOODWORKS, INC.		

Principal Place of Business 3603 HENDRICKS ROAD FERNANDINA BEACH, FL 32034	Mailing Address 3603 HENDRICKS ROAD FERNANDINA BEACH, FL 32034
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 10755 SW WATERWAY LANE Port St Lucie City & State FLORIDA Zip 34987 Country ST LUCIE
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6. Name and Address of Current Registered Agent PAOLILLO, EMIL M 3603 HENDRICKS ROAD FERNANDINA BEACH, FL 32034		7. Name and Address of New Registered Agent Name Emil M. Paolillo Street Address (P.O. Box Number is Not Acceptable) 10755 SW WATERWAY LANE City Port St Lucie FL Zip Code 34987	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4-15-06

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAOLILLO, EMIL M 3603 HENDRICKS ROAD FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EMIL M PAOLILLO 10755 SW WATERWAY LANE Port St Lucie, FL 34987 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4-15-06 561-414-5337

FILED
06 APR 19 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132006 REIN P GR2E09B (11705) 0386