



2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000158462 1. Entity Name WOODWORKS BY FROST, INC.						FILED 05 JAN -4 PM 4:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 804 CRAIG STREET NEW SMYRNA BEACH, FL 32168				Mailing Address 804 CRAIG STREET NEW SMYRNA BEACH, FL 32168			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 REINSTATEMENT 2004			
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-0401153				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FROST, WILLIAM C 804 CRAIG STREET NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 <u><i>William C. Frost</i></u> <u>12/28/04</u> <small>Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS FROST, WILLIAM C 804 CRAIG STREET NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043899503 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/04/05--01011--007 **\$750.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTANA, YOLANDA 804 CRAIG STREET NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		
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 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><i>William C. Frost</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>12/28/04</u> <u>386-426-2220</u> <small>Date Daytime Phone #</small>			