2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000034438 2005 OCT 24 PM 3: 50 1. Entity Name WOOD TECH FLOORING, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8801 HUNTERS LAKE DRIVE **9801 HUNTERS LAKE DRIVE** # 1013 #-1013 TAMPA, FL 33647 TAMPA, FL 33647 2. Principal Place of Business 3. Mailing Address 2209 CONIEC 2209 Collier Parkway Parkway Suite, Apt. #, etc Suite, Apt. #, etc. 10112005 REIN-P CR2E098 (6/04) Suite 152 SUIH 152 City & State and D Lakes City & State _**Qnd** 4. FEL Number 20 - 0764690 Applied For Lakes, Fi Not Applicable \$8.75 Additional Pasco 5. Certificate of Status Desired П Pasco Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Donald M. H.B. ROSS & CO. 5243 GALL BLVD **SUITE 4** ZEPHYRHILLS, FL 33542 Suite 152 34639 "Land O Lakes 8. The above named entity submits this statement for the gurpose 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. <u> 10.11.05</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2006, Fee will be \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE 2209 Collier Parkway isolik 152 RENFROW, DONALD M. NAME NAME 8801 HUNTERS LAKE DRIVE #1019 STREET ADDRESS STREET ADDRESS Land Olakes, FL 34639 CHY-ST-ZIP **TAMPA: FL-33647** CITY-ST-ZIP ☐ Change HILL ☐ Delete TITLE Addition NAME 000060897000 STREET ADDRESS STREET ADDRESS 10/24/05--01056--008 **750.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DILE ☐ Defete 1IILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Addition TITLE ☐ Delete TITLE Chânge STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 10-11-05 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAT NO OFFICER OF CHEC Daytime Phone

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