2005 FOR PROFIT CORPORATION REINSTATEMENT

KEINS I A I EMEN I			_
DOCUMENT # P04000071693			
1. Entity Name MADBARK MILLWORK & CUSTOM TRIM, INC.			05 DEC -6 AH IO: 22
Principal Place of Business	Mailing Address	TO WE I	TALLIAN E, LORIDA
6747 KING RAIL COURT	6747 KING RAIL COUR	Ī	***
ORLANDO, FL 32810	ORLANDO, FL 32810		O S
2. Principal Place of Business	ace of Business 3. Mailing Address STUDICLUB BLUD		
Suite, Apt. #, etc.	uite, Apt. #, etc. Spite, Apt. #_etc.		2032005 REIN-P CR2E098 (6/04)
City & State	APOPLA , F	EL.	4 FEI Number 6 2 7-538 Applied For Not Applicable
Zip Country	zig1703	Country A	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name /	7. Name and Address of New Registered Agent
NELSON, DAVE			HOLDINGS, INC
6747 KING RAIL COURT ORLANDO, FL 32810		Street Address	WENUA POSCINE BUIL
		<u>&</u>	OA STREET
			POPKA FL Zip 302703
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 accertifications of registered agent.			
SIGNATURE ALC HOLDING		the	12/3/05
Signafure, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE DATE			
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
ITILE P NAME NELSON, DAVE	Delate	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 6747 KING RAIL COURT		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL 32810	V Deleie	CITY-ST-ZIP	☐ Change ☐ Addition
NAME BAUZA, TANYA STREET ADDRESS 6747 KING RAIL COURT	K	NAME CYPYET ABORESS	
CITY-ST-ZIP ORLANDO, FL 32810		STREET ADDRESS CHY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	1276/05-6147-5627750.00
CITY-ST-ZIP	☐ Delste	CITY-ST-ZIP	☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	1
TITLE NAME	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	}
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP DILE	☐ Change ☐ Addition
NAME	pelete	NAME	Coverage C Activition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
 I hereby certify that the information supplied with indicated on this report or supplemental report is 	this filing does not qualify for true and accurate and that r	r the exemption stated in S ny signature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director
of the corporation of 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: 40 1 Velo 10 Date Printed NAME OF SIGNING OFFICER OF DIRECTOR (Date 10 Date Prints of Date 10 Date			