2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000077867

Address:

City-St-Zip:

1710 WIND HARBOR ROAD

ORLANDO, FL 32809

Entity Name: KNOTHEAD WOODWORKING, INC.

FILED Nov 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 979 WEST FAIRBANKS AVENUE ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 979 WEST FAIRBANKS AVENUE ORLANDO, FL 32804 FEI Number: 20-1143106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NICHELSON, ROSS J NICHELSON, ROSS J 975 WEST FAIRBANKS AVENUE 979 WEST FAIRBANKS AVENUE ORLANDO, FL 32804 ORLANDO, FL 32804 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. SIGNATURE: ROSS J NICHELSON 11/13/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition NICHELSON, ROSS J NICHELSON, ROSS J Name: Name: 975 WEST FAIRBANKS AVENUE 979 WEST FAIRBANKS AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32804 US City-St-Zip: ORLANDO, FL 32804 US Title: Title: () Change () Addition () Delete NICHELSON, CAROL Name: Name: 644 WHEELING AVENUE Address: Address: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition JULY, DAVID Name: Name: POST OFFICE BOX 268 Address: Address: City-St-Zip: TALLAHASSEE, FL 32302 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition SAVICKAS, PETER J Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROSS J NICHELSON PRES 11/13/2007