
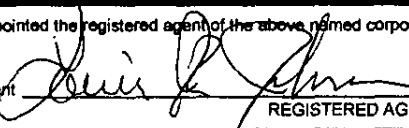
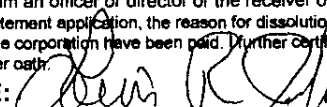


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P04000155463 WH-38988			
1. Corporation Name Couson Woodworks Inc. 4090 Sulington Creek Rd.			
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville FL		City & State	
Zip 32223	Country U.S.A.	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 11-10-2004			
5. FEI Number EIN. 20-1909199		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Louis R. Johnson			
Street Address (P.O. Box Number is Not Acceptable) 4090 Sulington Creek Rd.			
Suite, Apt. #, Etc.			
City Jacksonville		State FL	Zip Code 32223
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 7-11-11	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Louis Johnson	4090 Sulington Creek Rd	Jax FL 32223
REINSTATEMENT 2008-11			
10. E-mail Address: hannah hannah.johnson-13@gmail.com <small>*(To be used for future annual report notification)</small>			
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 7-11-11 219-8810	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	