


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000061227		
1. Entity Name ERC CARPENTRY INC.		

FILED

07 JAN -8 PM 5:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6045 NW 186 STREET APT 111 HIALEAH, FL 33015	Mailing Address 6045 NW 186 STREET APT 111 HIALEAH, FL 33015
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2. Principal Place of Business 13809 SW 171st Terr	3. Mailing Address 13809 SW 171st Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL
Zip 33177	Zip 33177
Country US	Country US



REINSTATEMENT 07

4. FEI Number 20-2788426		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 RODRIGUEZ, EDUARDO D 6045 NW 186 STREET APT 111 HIALEAH, FL 33015		7. Name and Address of New Registered Agent Name: Rodriguez, Eduardo D Street Address (P.O. Box Number is Not Acceptable) 13809 SW 171st Terr City: Miami FL Zip Code: 33177

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: *Eduardo D. Rodriguez* DATE: 1/4/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RODRIGUEZ, EDUARDO D 6045 NW 186 STREET APT 111 HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rodriguez, Eduardo 13809 SW 171st Terr Miami FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, EDUARDO D 6045 NW 186 STREET APT 111 HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13809 SW 171st Terr Miami FL 33177 <input checked="" 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	600084725938 01/17/07--01012--030 **300.00 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Eduardo D. Rodriguez* DATE: 1/4/07 DAYTIME PHONE: (786) 362-6347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR