

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 12 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P15892

1. Corporation Name

Woodgrain Millwork, Inc.

W - 29946

2. Principal Office Address

300 NW 16th Street

Suite, Apt. #, etc.

City & State

Fruitland, ID

Zip

83619

Country

USA

3. Mailing Office Address

P.O. Box 566

Suite, Apt. #, etc.

City & State

Fruitland, ID

Zip

83619

Country

USA

REINSTATEMENT

98-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/10/1987

SP

5. FEI Number

93-0563778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK E. BARBUTI

Street Address (P.O. Box Number is Not Acceptable)

1450 Shepard Street

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32780

800003748348-6

-02/23/01--01005--011

***1058.75 ***1058.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1-19-01

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 |
|--------|--------------------------------------|---|-----------------------|
| PD | Dame, Reed | 300 NW 16th Street | Fruitland, ID 83619 |
| VD | Dame, Kelly | 300 NW 16th Street | Fruitland, ID 83619 |
| T | Atkinson, Steven J. | 300 NW 16th Street | Fruitland, ID 83619 |
| S | Barner, Scott | 300 NW 16th Street | Fruitland, ID 83619 |
| | | | 800003748348-6 |
| | | | -02/23/01--01005--012 |
| | | | ****150.00 ****150.00 |

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/00

Date

208-452-3801

Daytime Phone #

CR2E081 (9/99)