




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000065952		FILED 99 JAN 22 AM 9:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name HARDWOOD WORKS, INC.			
Principal Place of Business 10755 S.W. 180 STREET BAY 68 MIAMI FL 33157	Mailing Address 10755 S.W. 180 STREET BAY 68 MIAMI FL 33157	 REINSTATEMENT 98-99	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 09/16/1993	
		5. FEI Number 65-0435012 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	SCHMIDT, ROBERT J	6476 S.W. 13 STREET	MIAMI FL 33144
D	SCHMIDT, JAMES B	101 TRUXTON DRIVE	MIAMI SPRINGS FL 33166
D	GILBERT, CLINTON	10370 S.W. 212 STREET, #201	MIAMI FL 33189
8. Name and Address of Current Registered Agent SCHMIDT, ROBERT J 6476 S.W. 13 STREET MIAMI FL 33144		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent  Date 1/11/99 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		Date 1/11/99 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			