PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEASE REAL	J ALL INS	THUCHONS	BEFORE	COMPLETING THIS	-ORM.	
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS				=		
DOCUMENT # P4000016950				FILED		
1. Corporation Name				97 APR 10 PN 3: 06		
WOODBLIND DEPOT, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Mailing Address Principal Place of Business 3900 N. MIAMI AVE. MIAMI, FL, 33127			ļ	MENT 96.497		
If above addresses are incorrect in any way, line through incorrect information and el 2. New Mailing Address, if Applicable 3. New Principal Office Address				4. Date Incorporated or Qualified To Do Business in Florida	TE IN THIS SPACE MWB	
Suite, Apt. #, etc. Suite, Apt.		#, etc.		<u> </u>	4	
City & State City & State				5. FEI Number 65-0471516	Applied For Not Applicable	
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8 75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer a	ind/or Director (FI					
Title(s) Name of Officers and/or Directors	s) and/or Directors Officer and/		eet Address of Ea ficer and/or Direct se Post Office Box	or [City / State / Zip	
PSD DAVID PORTAL	444	6010 S.W	. 94 CT	MIAMI, F	L, 33173	
			<u> </u>			
				800002 -04/1	71410586 1797-01117006	
				स्ट क्त	313:00 4444010100	
Name and Address of Current Registered Agent Name			9. Name and Address of New F			
6010 S.W. 94 COURT			Street Address Sulte, Apt. #, E	oldress (P.O. Box Number is Not Acceptable)		
			City	State Zip Code		
10. I, being appointed the registered agent of the Signature of Registered Agent X	1 II	poration, am Iamiliar w GENT MUST SIGN	ith and accept the	obligations of Section 607.0505, F.S. Date 04-		
11. 'If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)						
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No X (See other side for Information on Intangible tax.)						
I do hereby certify that the information supplicate the Division of Corporations from any licertify that I am an officer or director or the right this reinstatement application the reason for fees owed by the corporation have been painner.	ed with this filing is ability of non-comp eceiver or trustee dissolution has be	s voluntarily furnished bilance with Section 1 t empowered to execute en eliminated, the cor	and does not qual 9.07(3)(k) in the s e this application a porate name satis	ify for the exemption stated in Section vent that the information supplied is a sprovided for in chapter 607 or 617 fies the requirements of section 607	deemed exempt from public access. I , F.S. I further certify that when filing .0401 or 617.0401, F.S., and that all	
SIGNATURE: DAVID PORTAL (2004) 15 04-07-97 (305) 573-2405						
SIGNATURE AND TYPED OF	PRINTED NAME OF	SIGNING OFFICER OF	DIRECTOR	Date	Daytime Phone #	