PLEASE READ A APPLICATION FOR REINSTATEMENT	LL INSTRUCTION FLORIDA DEPARTM Katherine Secretary of the control	IENT OF STATE Harris of State	1	HIS FORM.	
DOCUMENT # P940000 84225			5.0 m/n 10 1:08		
Millwork Indus	stries Corpo	ration	-		i .
Free ger Pack of Business	Mailing Address		XX		
		1	REINSTA	TEMENT	<u>95-99</u>
thatence above sees are incorrect in any way, line through incorrect information and enter correction by New Harring of Office Address. If Applicable 3. New Mailing Office Address. If Applicable Co. See Address of Applicable Co. See Address of Applicable			4. Date Incorporated or Qualified To Do Business in Florida		
Suite Apt # et Oty & State	Suite, Apt. #, etc. City & State		5. FEI Number		Applied For Not Applicable
Zip: Country	33335 B	ale 71	6. CERTIFICATE OF STATE	\$8.75 Ad	Iditional Fee required entificate of Status
7 Name and Street Addresses of Each Officer and o Name of Officers and or Directors 1 2 Press. Randy Cope.	3 (Dc NO	porations must list at le Street Address of Eac Officer and/or Directo I Use Post Office Box	4 (Aumbers) 4 (Aum	City/State/2 City/State/2	33069
8. Name and Address of Current Re	egistered Agent	Name Street Address (2321 Suite, Apt #, Etc	P.O. Box Number is Not Acc	State Zip	Code Code
	mamed corporation, am familia	ir with and accept the c	bligations of Section 607.05		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature of Frequency Appet	GISTERED AGENT MUST SIGN	1	Date	9/8/99	
11. This corporation owes the contangible Personal Property). Yes	□ No)	(See other side for i on intangible	
12. Lecritly that Lam an officer or director or the receive this re-instatement application, the reason for dissolved by the corporation have been paid and the natural time application is true and accurate, and my sign	ition has been eliminated, the co imes of individuals listed on this	orporate name satisfies form do not qualify for	the requirements of section an exemption under section roath.	n 607.0401 or 617.0401, F π 119.07(3)(i), F.S. The in	S., that all fees formation indicated