PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 14 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000018726

1. Corporation Name: WOOD INDUSTRIES INC.

600002004056--8

REINSTATEMENT 96 CO

| Principal Place of Business | Mailing Address |
|---|---|
| 11339 S.W. 85th LANE<br>MIAMI,<br>FLORIDA 33173 | 11339 S.W. 85th LANE<br>MIAMI<br>FLORIDA 33173. |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: MARCH 6 1995

5. FEI Number: 65-0564601 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 |
|---|---|---|---|
| P | KEITH WOOD | 11339 S.W. 85th LANE | MIAMI, FL 33173 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

MR KEITH WOOD
11339 S.W. 85th LANE
MIAMI
FLORIDA 33173.

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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: [signature] Date: 11/12/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] KEITH WOOD 11/12/96 305 318 5569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-222-9171
904-222-0393 FAX

800-342-8086

RECEIVED
96 NOV 13 PM 4:18
DIVISION OF CORPORATION

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 153554 Patricia Pyatt 7118767

AUTHORIZATION :

COST LIMIT : ~~$375.00~~ 388.75 gw

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ORDER DATE : November 13, 1996

ORDER TIME : 2:53 PM

ORDER NO. : 153554-005

CUSTOMER NO: 7118767

CUSTOMER: Keith Wood, President
Wood Industries, Inc.
11339 S.w. 85th Lane

Miami, FL 33173

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DOMESTIC FILINGS

NAME: WOOD INDUSTRIES, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXX___ PLAIN STAMPED COPY
XXX___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gail Williams

EXAMINER'S INITIALS JB 11-14-96