PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000024934 **DOCUMENT #**

1. Corporation Name

Principal Place of Business

AMERICAN HARDWOODS INC.

Mailing Address

FILED

99 DEC 23 AM 9: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



601 N.W. TITH STREET MIAMI FE 33138			601 N.W. 11TH STREET									
If above addresses are incorrect in any way, line through incorrect information and New Principal Office Address, If Applicable New Principal Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc.					ress, If A		ow.	Date Incorporated or Qualified To Do Business in Florida		03/27	03/27/1995	
Apt. 924 City & State Lacksonville, FL City & State Lacksonville, FL Jac					cksonville, PL			6. Esta Number			Applied For Not Applicable	
Tip Country OS A. Zip 322 7					Country ()SA	SA. CERTIFICATE OF STATUS DESIRED : CERTIFICATE OF STATUS DESIRED					
. Names a	and Street Addresses of Eac		Director (Flori	da nonprofit								
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N				r City / State . Numbers) 4			Zíp	
P	Jose A. 1	200Ri6	ULZ	1645	υw	South	h R	iver De.	Miam	, FL	33125 -	
		en spe	NST	ATEN	AEN	4	(e	gg	-01/04/1 -01/04/1 ***1200	J <u>. 00 **</u> *	1200.00	
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent				
RODRIGUEZ, JOSE A 601 N.W. 11TH STREET MIAMI FL 33136						Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.						
	N				_	City		<u> </u>	 -	State Zip	Code	
0. I, being ignature of egistered	appointed the registered a	MAT	named corpor リドに STERED AGE	图图				ligations of Secti	on 607.0505, F.S. Date 2	15/99	<u> </u>	
	es this corporation of Revenue u						es	∃No □] (Se	e other side for i on intangible		
this reins	that I am an officer or direct statement application, the re the corporation have been	ason for dissolution	on has been e	liminated, the	е согрога	te name sati	isfies t	he requirements	of section 607.040	1 or 617.0401, F	.S., that all fees	

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

IGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR