PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMEN Secretary of S DIVISION OF CORPOR	itate	•	FILED 14 -2 PM 5: 46	
DOCUMENT# P95000055066 1. Corporation Name D & G Wood crafting			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
			000054354580 05/13/0501010011 **1058.75		
2 Principal Office Address 14405 Jim Hunt Rd	3. Mailing Office Address Suite, Apt. #, etc.		REINSTATEMENT 03-09		
Suite, Apt. #, etc. City & State	City & State		4. Date Incorporated or Qualified To Do Business in Florida — 13 95		
Clermont FL.	Zip Coun	itry	5. FEI Number Applied For Not Applied be		Not Applicable
34711 USA			CERTIFICATE OF STAT	US DESIRED S8.75 Addition for a Certific	nal Fee required cate of Status
Name Gary T. Butler Street Address (P.O. Box Number is Not Acceptable) 14405 Jim Hunt Rd. Sulte, Apt. #, Etc. City Clermont 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonpositives) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zlp	
Plvlo Gary T. Butle		Jim Hun	HRd Cle	Clermont, Fl. 34711	
10. 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #					

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