


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P970000 31458			
1. Corporation Name <u>Ameriwoodcraft, Inc.</u>			
2. Principal Office Address <u>2012 N. Dixie Hwy</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>Hollywood, FL</u>		City & State <u>Same</u>	
Zip <u>33020</u>	Country	Zip <u>Same</u>	Country
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <u>65-0742669</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name <u>HOPETON GREEN</u>		100028414001 03/24/04--01019--005 **150.00	
Street Address (P.O. Box Number is Not Acceptable) <u>2380 NW 34 AVE.</u>		03/24/04--01019--005 **150.00	
Suite, Apt. #, Etc.			
City <u>LAUDERDALE LAKES</u>		State <u>FL</u>	Zip Code <u>33311</u>
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 <u>X</u> REGISTERED AGENT MUST SIGN Date _____			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>HOPETON GREEN</u>	<u>2380 NW 34 AVE</u>	<u>Land. Lakes FL 33311</u>
<u>D</u>	<u>PATRICK R. SIGHEIT</u>	<u>2012 N. Dixie Hwy</u>	<u>Hollywood, FL 33020</u>
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: <u>X Hopeton E. Green</u>		1-19-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone # <u>954-922-4514</u>

FILED
04 MAR 24 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

100028414001
02/09/04--01055--024 **150.00

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Demetrius Accounting & Tax Service

4400 NW 99th Avenue
Sunrise, FL 33351
954-572-7056

January 18, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Ameriwoodcraft, Inc.
EIN 65-0742669
UBR/Annual Report 2003

To Whom It May Concern:

Per my phone conversation with one of your representatives, Gina, I am submitting once again the UBR/Annual Report form for 2003 for the above company. Recently, a notice of dissolution was sent to the corporation, much to the surprise of the owners. The phone conversation with your representative indicated that there was no record of any filing, electronic or otherwise, recorded. Enclosed please find a copy of the Electronic Filing receipt that was posted on May 1, 2003 along with the confirmation number indicating that the filing procedures were accepted. Also enclosed is a check in the amount of \$150 as was instructed for this filing. It would be greatly appreciated if you would investigate this matter and waive the reinstatement fees so that the involuntary dissolution may be rescinded and the filing for 2004 may be made timely as well.

Thank you for your assistance with regards to this matter.

Awaiting your response,



SUZETTE DEMETRIUS