2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000059227 SECULO DIVISIONALE CONTRACTOR CON 1. Entity Name V.O. WOOD SPECIALIST CORP. 06 OCT In PM 2: 19 Principal Place of Business Mailing Address FERSTAIGHENT 06 5250 SW 132ND AVE 5250 SW 132ND AVE MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10042006 REIN-P CR2E098 (11/05) City & State City & State Applied For 4. FEI Number 65-0768399 Not Applicable Zin Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MACEDO, CARLOS Street Address (P.O. Box Number is Not Acceptable) 9745 MILLER DR. MIAMI, FL 33165 Zip Code City FL 8. The above named entity submits this statement tog the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2007, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PTSD TITLE ☐ Change Addition ☐ Delete TITLE OCHOA, VICTOR NAME MAME STREET ADDRESS 5250 SW 132ND AVE STREET ADDRESS T¥¥ [50.00 CITY-ST-ZIP MIRAMAR, FL 33027 CHTY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. OCHOA PRESIDENT Victor SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR