
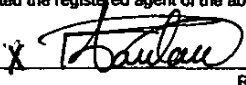
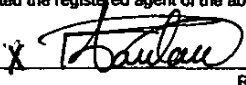
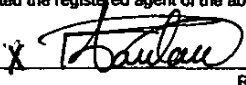
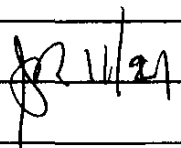
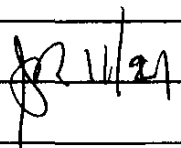
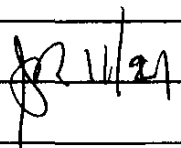





PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		FILED 06 NOV 20 PM 4: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400081960204 11/20/06--01074--008 **500.00 CR2E081 (12/05) 03-06																								
DOCUMENT # P98000034982																										
1. Corporation Name Woodard Team Inc.																										
2. Principal Office Address 13220 SW 50ST <small>Suite, Apt. #, etc.</small> - <small>City & State</small> miami, FL <small>Zip Country</small> 33175 USA	3. Mailing Office Address 13220 SW 50ST <small>Suite, Apt. #, etc.</small> - <small>City & State</small> miami, FL <small>Zip Country</small> 33175 USA	4. Date Incorporated or Qualified To Do Business in Florida 4-15-98 5. FEI Number 593507675 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																								
7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;"><small>Name</small> Pablo F. Santana</td></tr><tr><td colspan="2" style="padding: 2px;"><small>Street Address (P.O. Box Number is Not Acceptable)</small> 13220 SW 50ST</td></tr><tr><td colspan="2" style="padding: 2px;"><small>Suite, Apt. #, Etc.</small> -</td></tr><tr><td style="width: 60%; padding: 2px;"><small>City</small> miami</td><td style="width: 40%; padding: 2px;"><table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;"><small>State</small> FL</td><td style="width: 50%;"><small>Zip Code</small> 33175</td></tr></table></td></tr></table>			<small>Name</small> Pablo F. Santana		<small>Street Address (P.O. Box Number is Not Acceptable)</small> 13220 SW 50ST		<small>Suite, Apt. #, Etc.</small> -		<small>City</small> miami	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;"><small>State</small> FL</td><td style="width: 50%;"><small>Zip Code</small> 33175</td></tr></table>	<small>State</small> FL	<small>Zip Code</small> 33175														
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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. <table style="width: 100%;"><tr><td style="width: 60%;"><small>Signature of Registered Agent</small> </td><td style="width: 40%;"><small>Date</small> 11/17/06</td></tr></table> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>			<small>Signature of Registered Agent</small> 	<small>Date</small> 11/17/06																						
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>Pablo F. Santana</td><td>3205 Wilbanc C-65</td><td>Hialeah, FL 33012</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Pablo F. Santana	3205 Wilbanc C-65	Hialeah, FL 33012																
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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 contained in Chapter 119, 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. <table style="width: 100%;"><tr><td style="width: 60%;">SIGNATURE: </td><td style="width: 40%;"><small>Date</small> 11/17/06</td></tr></table> <p style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></p>			SIGNATURE: 	<small>Date</small> 11/17/06																						
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