2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000088906

Entity Name: WOODCO REFINISHING & SUPPLIES, INC.

FILED Oct 10, 2005 Secretary of State

	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
UNIT BI	ON STREET IVILLE, FL 32206			
Current N	lailing Address:	New Mailing Address	New Mailing Address:	
UNIT BI	UNION ST. IVILLE, FL 32206			
FEI Number	: 59-3543118 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Current Registered Ager	nt: Name and Address o	of New Registered Agent:	
5442 GRE	SARY ESQ. SEN AVENUE N, FL 32011 US			
	e named entity submits this statement for e of Florida.	the purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: GARY BAKER			
	Electronic Signature of Registere	d Agent	Date	
	ice with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution()	•		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete STAPLES, JIM 1512 ELISE ROAD WEST YULEE, FL 32097	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete STAPLES, PAULA 1512 ELISE ROAD WEST YULEE, FL 32097	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delete DE LA CRUZ, JOSE 1732 MORNING SIDE DRIVE MIDDLEBURG, FL 32068	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete DE LA CRUZ, JORGE A	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSE A. DE LA CRUZ VD 10/10/2005

1732 MORNINGSIDE DR.

MIDDLEBURG, FL 32608

Address:

City-St-Zip: