

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 JAN 31 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

99-00 AR
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000092536

1. Corporation Name

AMERICAN WOODCRAFTER OF MIAMI
INC.

2. Principal Office Address

2401 S.W. 31 AVE. BLDG. H
Suite, Apt. #, etc.

3. Mailing Office Address

2401 S.W. 31 AVE. BLDG. H
Suite, Apt. #, etc.

City & State

PEMBROKE PARK FL

City & State

PEMBROKE PARK FL

Zip

33009

Country

BROWARD

Zip

33009

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

10-30-98

5. FEI Number

65-0873489

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREG EDDRINGTON

30000313363-3

02/11/00-01113-017

Street Address (P.O. Box Number is Not Acceptable)

332 PALM BLVD.

***300.00 ***300.00

Suite, Apt. #, Etc.

WESTON

City

WESTON

State

FL

Zip Code

33326

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 1-27-00

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
President	GREG EDDRINGTON	332 PALM BLVD. WESTON FL	WESTON, FL 33326
Vice President	KAREN KOENER	332 PALM BLVD.	WESTON, FL 33326

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:

[Handwritten Signature] Greg Edrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00 954-963-5955

Date

Daytime Phone #

RE

CR2ED01 (9/99)

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

January 27, 2000

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I am requesting a wavier for the reinstatement of American Woodcrafters of Miami Corporation. We did not receive bill for this fee. We had a change of address because we couldn't spray at that location. So when you sent it there it came back to you. I thought everything was changed to the new address. Thank you for your time in this matter.

Sincerely,



Greg Edrington
President of American Woodcrafters of Miami
2401 S.W. 31 Avenue Bldg. H
Pembroke Park, Fl. 33009