2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 09, 2000 8:00 am Secretary of State DOCUMENT # p99000033841 i. Entity Name WOODPECKER CONSTRUCTION, INC. 08-09-2000 90080 046 ***150.00 Mailing Address Principal Place of Business 760 Tivoli Circle # 102 Same Deerfield Beach FL 33441 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0914215 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DA SILVA, BENTO R Street Address (P.O. Box Number is Not Acceptable) 760 Tivoli Circle # 102 City Deerfield Beach ^{Zig} 33441 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 07/28/2000 SIGNATURE . (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. P/V/T/S ☐ Addition TITLE TITLE Delete NAME NAME BENTO R DA SILVA STREET ADDRESS STREET ADDRESS 760 Tivoli Circle # 102 Deerfield Beach, FL 334 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address. In the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapter 607, Florida Statutes; and the florida Statutes for the florida Statutes in the florida Statutes for the florida Statutes for the florida Statutes for the florida Statutes for the f 07228/2000 (954)428-4277 **SIGNATURE**2

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CR2E034 (9/99)

Daytime Phone #

P990003384/mes) D0076505

Deerfield Beach - Florida, July 31,

FLORIDA DEPARTMENT OF STATE REINSTATEMENT DEPARTMENT DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation by the following name:

WOODPECKER CONSTRUCTION, INC. Doc. # P99000033841

When I looked up this Incorporation on the Internet I noticed that the Uniform Business Report was not filed for this year. I then quickly called my OLD ACCOUNTANT and asked him the reason why this had happened. He then told me that since he never received the Annual Report for this year, that it wasn't necessary to file them. So of course I quickly changed accountants and I am now trying to solve this problem.

Since this wasn't my fault, I would like to ask you to please wave the Reinstatement Fee, as I am sending you the total amount of US\$ 150.00, which includes this years' fee plus the completed Form. I would like to ask you to please consider this, and file this UBR Form as soon as possible.

If there is any other necessary information concerning this matter, please feel free to contact me. Thank you.

WOODPECKER CONSTRUCTION, INC.

BENTO R. DA SILVA

President

760 Tivoli Circle #102 Deerfield Beach, FL 33441 Phone: (954) 428-4277