

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 15 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100009998821  
01/09/03--01055--012 \*\*476.25

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

01003

DOCUMENT # P00000101442

1. Corporation Name  
Woods Enterprises INC.  
WOL-35473

2. Principal Office Address  
5441 Northwood Rd.

3. Mailing Office Address  
5441 Northwood Rd.

Suite, Apt. #: etc.

City & State  
Crestview FL.

City & State  
Crestview, FL.

Zip Country  
32539 OKALOOSA

Zip Country  
32539 OKALOOSA

4. Date Incorporated or Qualified To Do Business in Florida  
10/27/2000

5. FEI Number  
593678795

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  
DONALD R Woods

Street Address (P.O. Box Number is Not Acceptable)  
5441 Northwood Rd.

Suite, Apt. #, Etc.

City  
Crestview

State  
FL

Zip Code  
32539

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  
Donald R Woods

REGISTERED AGENT MUST SIGN

Date  
12/11/2002

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
Pres.	<u>DONALD R Woods</u>	<u>5441 Northwood Rd.</u>	<u>Crestview FL. 32539</u>
Vice Pres	<u>James R Woods</u>	<u>5441 Northwood Rd.</u>	<u>Crestview, FL. 32539</u>

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: Donald R Woods DONALD R Woods 12/11/2002 (850) 682-7392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)

gt 1/16

I Need to Know How much I owe ALL together in Fees

Donald R Woods

I haven't Received nothing maybe because  
ORIGINAL Address was 6482 Possum Ridge Rd.