

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000093883

1. Corporation Name

WOOD'S CUSTOM BUILDINGS

W09-49521

2. Principal Office Address - No P.O. Box #
37511 KOSSIK ROAD

3. Mailing Office Address
37511 KOSSIK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ZEPHYRHILLS, FL

City & State
ZEPHYRHILLS, FL

Zip Country
33541 US

Zip Country
33541 US

4. Date Incorporated or Qualified
To Do Business in Florida **07/01/05**

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ROBERT WOOD

Street Address (P.O. Box Number is Not Acceptable)
37511 KOSSIK ROAD

Suite, Apt. #, Etc.

City
ZEPHYRHILLS, FL

State Zip Code
FL 33541

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robert Wood

REGISTERED AGENT MUST SIGN

Date **11-3-09**

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
OWNER	ROBERT DAVIS WOOD	37511 KOSSIK ROAD ZEPHYRHILLS, FL 33541	zephyrhills, FL 33541
	No other		

REINSTATEMENT

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.

SIGNATURE:

Robert Davis Wood

11-12-09

813-713-23

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

I NEVER RECEIVED ANY PRIOR NOTICES, Robert Wood

in P (Linda) Yahoo.com OR WOOD'S CUSTOM BUILDINGS, com

BH