

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000107482

**Entity Name:** NORTHWOOD TRUST INC

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2417 SPRUCE AVE  
100  
WEST PALM BEACH, FL 33407 US

**Current Mailing Address:**

P. O. BOX 413  
BOYNTON BEACH, FL 33425 US

**New Principal Place of Business:**

3 HARBOUR DRIVE N  
100  
BOYNTON BEACH, FL 33435 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARSALI, NICK  
3 HARBOUR DRIVE N  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

ARSALI, ANTHONY ESQ,  
3 HARBOUR DRIVE N  
BOYNTON BEACH, FL 33435 US

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.

SIGNATURE: ANTHONY ARSALI

02/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ARSALI, NICHOLAS  
Address: P. O. BOX 413  
City-St-Zip: BOYNTON BEACH, FL 33425 US

Title: VP  
Name: ARSALI, A  
Address: P. O. BOX 413  
City-St-Zip: BOYNTON BEACH, FL 33425

Title: M  
Name: ARSALI FAMILY TRUST  
Address: P. O. BOX 413  
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby 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 all other like empowered.

SIGNATURE: NICHOLAS ARSALI

P

02/22/2011

Electronic Signature of Signing Officer or Director

Date