

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 JUN 26 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600130726366


06/04/08--01015--035 **2550.00

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida		5/11/1967
5. FEI Number	590677711	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

☒ 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.

Mrs. R. D. Bennett

CORPORATION REINSTATEMENT <i>92-08</i>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 316300

1. Corporation Name

Greenwood Enterprises, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5305 Fort Road		P. O. Box 8	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Greenwood, FL		City & State Greenwood, FL	
Zip	Country	Zip	Country
32443	USA	32443	USA

7. Name and Address of Current Registered Agent			
Name Mrs. R. D. Bennett			
Street Address (P.O. Box Number is Not Acceptable) 5305 Fort Road			
Suite, Apt. #, Etc.			
City	State	Zip Code	
Greenwood	FL	32443	

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

Mrs. R. D. Bennett

REGISTERED AGENT MUST SIGN

Date 5/22/08

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	Richard D. Bennett, Jr.	5305 Fort Road	Greenwood, FL 32443
VP	Jacqueline P. Bennett <i>aka Mrs. R. D. Bennett</i>	5305 Fort Road	Greenwood, FL 32443
Sec	" "	5305 Fort Road	Greenwood, FL 32443

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:

Mrs. R. D. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/08

Date

850-594-5202

Daytime Phone #

Theris
5-27-08