PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 22 AM 11:33

DOCUMENT # 587114

REINSTATEMENT 03-04

1. Corporation Name
Woody's Health Club Inc

2. Principal Office Address	3. Mailing Office Address
Woody's Health Club	Woody's Health Club Inc
Suite, Apt. #, etc.	Suite, Apt. #, etc.
105 Van Fleet Ct	105 Van Fleet Ct.
City & State	City & State
Auburndale, Fl	Auburndale, Fl
Zip / Country	Zip / Country
33823 / Polk	33823 / Polk

4. Date Incorporated or Qualified To Do Business in Florida 9/21/1978

5. FEI Number 591848629 ☐ 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
Dennis Wood

Street Address (P.O. Box Number is Not Acceptable)
105 Van Fleet Ct.

Suite, Apt. #, Etc.

200038427292
06/29/04--01064--011 **30.00

City	State	Zip Code
Auburndale	FL	33823

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 D — Wood Date 6-21-04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Dennis Wood	105 Van Fleet Ct	Auburndale, Fl 33823
VP	Kandy Wood	105 Van Fleet Ct	Auburndale, Fl 33823
S	Dennis Wood	105 Van Fleet Ct.	Auburndale, Fl 33823
T	Kandy Wood	105 Van Fleet Ct	Auburndale, Fl 33823

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: D — Wood 6-21-04 863-686-0544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary of state
Division of Corporations
409 East Gaines Street
Tallahassee, Fl 32399

Personal & Confidential
Attn: Eula Peterson

Re: Woody's Health Club Inc
Reinstatement

Dear Sir/Ms:

This letter is to request a waiver of the $600.00 penalty fee for for reinstatement of Woody's Health Club Inc. My mailing address changed and I did not receive the renewal form. The new mailing address is shown on the reinstatement form, and as requested I have enclosed $300.00 to cover the renewal fee for 2003 and 2004.

Please let me know if there is anything that you need.

Sincerely

Dennis Wood D— Wood