

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



FILED  
98 MAY 29 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 791093  
1. Corporation Name  
WOODBRIER INC.

Principal Place of Business Mailing Address  
2135 VIRGINIA AVE 415 HAVERHILL ST  
FORT MYERS, FL 33901 LAWRENCE, MA 01840

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida MAY 18, 1979  
5. FEI Number 04-2690071 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 9/1-98

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
S/D	WILBUR A HYATT	17 BAREMEADOW STREET	METHUEN, MA 01844
PT/D	DENNIS KALIL	415 HAVERHILL STREET	LAWRENCE, MA 01841
V/D	DAVID NEWTON	2135 VIRGINIA AVE UNIT#15	FORT MYERS, FL 33901

900002546749-0  
-06/04/98--01001--012  
\*\*\*603.75 \*\*\*603.75

8. Name and Address of Current Registered Agent  
JACQUELINE M PAPPALARDO  
2135 VIRGINIA AVE  
FT MYERS, FL. 33901

9. Name and Address of New Registered Agent  
Name DAVID NEWTON  
Street Address (P.O. Box Number is Not Acceptable)  
2135 VIRGINIA AVE UNIT #15  
Suite, Apt. #, Etc.  
City FT MYERS State FL Zip Code 33901

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent [Signature] REGISTERED AGENT MUST SIGN Date 5-20-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: Dennis Kalil Pres DENNIS KALIL 5/13/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 9786833258

CR2E040 (12/96)