

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 791093

1. Corporation Name

WOODBRIER INC.

Principal Place of Business

2135 VIRGINIA AVE
FORT MYERS, FL 33901

Mailing Address

415 HAVERHILL ST
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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

David Newton
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9786832258

CR2E040 (12/96)

REINSTATEMENT 9/1-98

FILED

98 MAY 29 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA