Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

JIM WOOD COMPANY, INC.

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005007

1. Corporation Name

JIM WOOD COMPANY, INC.

05-08

REINSTATEMENT

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
401 Autumn Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Little Rock, Ar.	City & State
Zip: 72211 Country: U.S.	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 9-25-2001

5. FEI Number: 71-0437969 ☐ 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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ 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.

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: Jonathan Wike, Asst Sec. REGISTERED AGENT MUST SIGN Date: 10/22/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	James B. Wood	1711 Hillsborough Ln.	Little Rock, Ar. 72212
V-Pres	Randy James Wood	15 Greeson Ct.	Maumelle, Ar. 72113
Sec/Trea	S. Kaye Wood	1711 Hillsborough Ln.	Little Rock, Ar. 72212

10. I certify that I am an officer or director of 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: JAMES B. WOOD James B. Wood President 6/22/09 501 221-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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