

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 # F03155**

1. Corporation Name

**PLEASANT WOOD, INC.**

Principal Place of Business

5419 E STAGE COACH TR  
 PO BOX 858  
 FLORAL CITY FL 34436  
 US

Mailing Address

PO BOX 858  
 PO BOX 250  
 FLORAL CITY FL 34436  
 US

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

2. New Principal Office Address, If Applicable

7160 E STAGE COACH TRAIL  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7160 E STAGE COACH TRAIL  
 Suite, Apt. #, etc.

City & State

FLORAL CITY FL

City & State

FLORAL CITY FL

Zip

34436

Country

U.S.

Zip

34436

Country

U.S.

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
PST	ROOKS, ALMYR D.	STATE RD 480, BOX 858	FLORAL CITY FL
PST	ROOKS DAVID D.	7160 E STAGE COACH TRAIL	FLORAL CITY FL 34436

8. Name and Address of Current Registered Agent

ROOKS, ALMYR D  
 5419 E STAGE COACH TR  
 P O BOX 858  
 FLORAL CITY FL 34436

9. Name and Address of New Registered Agent

Name: DAVID D ROOKS  
 Street Address (P.O. Box Number is Not Acceptable): 7160 E STAGE COACH TRAIL  
 Suite, Apt. #, Etc.

City: FLORAL CITY

State: FL Zip Code: 34436

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: 4-28-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 352-860-2868  
 Date of Filing

FILED

99 APR 29 AM 9:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT 97-99**

Date Incorporated or Qualified To Do Business in Florida

10/24/1980

5. FEI Number

59-2047883

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

900002874999--3  
 -05/14/99--01011--006  
 \*\*\*1058.75 \*\*\*1058.75

CR2E040 (8/97)