

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAY 14 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F04000007137**

1. Corporation Name

Sherwood Investments Overseas Limited Incorporated

2. Principal Office Address - No P.O. Box #

Omar Hodge Building, Wickham's Cay

3. Mailing Office Address

5165 Isleworth Country Club Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Road Town, Tortola

City & State

Windermere, FL

Zip

Country

British Virgin Islands

Zip

34786

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2004

5. FEI Number

83-0418489

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

Julian M. Benscher

Street Address (P.O. Box Number is Not Acceptable)

5165 Isleworth Country Club Dr.

Suite, Apt. #, Etc.

City

Windermere

State

FL

Zip Code

34786

☒ 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

Date May 10, 2007

REGISTERED AGENT MUST SIGN

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	Julian M. Benscher	5165 Isleworth Country Club Dr.	Windermere, FL 34786

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 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:

Julian M. Benscher

May 10, 2007

407-876-8990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/22