

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F99000004338**

1. Corporation Name

WOODHILL CARABELLE, INC.

Principal Place of Business

8340 MEADOW ROAD, SUITE 226
DALLAS TX 75231

Mailing Address

8340 MEADOW ROAD, SUITE 226
DALLAS TX 75231

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

08/20/1999

5. FEI Number

75-2828129

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 3	City / State / Zip 4
PCD	CLARK, EDDIE	8340 MEADOW ROAD, SUITE 226	DALLAS TX 75231
V	CHIAO, KARL	8340 MEADOW ROAD, SUITE 226	DALLAS TX 75231

900024422019
11/04/03--01063--012 **150.00

8. Name and Address of Current Registered Agent

LEWIS, STEVE
125 SOUTH GADSDEN STREET, SUITE 300
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE *[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/28/03**

11. 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.

Eddie Clark, President

SIGNATURE:

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/03

Daytime Phone #

217-369-6665

CH2E040 (7/03)

Gary V. Kroll, CPA
Telephone (214) 346-0769
Fax (214) 346-0784
E-mail gary@jhcpa.com

October 22, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Woodhill Carabelle, Inc.
FEIN: 75-2828129

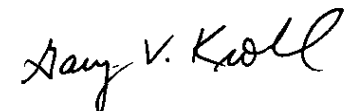
RECEIVED
03 OCT 28 PM 3:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Agent:

Please find the enclosed copy of the Application for Reinstatement. Woodhill Carabelle, Inc. has not received the original annual report/uniform business report or the second notice of such. Please accept the Annual Report Fee of \$61.25 and Corporate Supplement Fee \$88.75 for complete reinstatement.

Please contact me if you have any questions regarding this matter.

Very truly yours,


Gary V. Kroll, CPA

HOWARD & CO., P.C.

8350 MEADOW ROAD • SUITE 286 • DALLAS, TEXAS 75231
(214) 346-0750 • fax (214) 346-0784
www.jhcpa.com