

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FORM 86-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 JUN -4 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 605694

1. Corporation Name

WOOD YOU OF CASSELBERRY, INC.

Principal Place of Business

Mailing Address

2050 Semoran Blvd.
Winter Park, FL 32792

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
2320 N. Liberty St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

Zip

Country

Zip

32206

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/82

5. FEI Number

59-2209776

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
Pres.	Charles H. Blankenship	2320 N. Liberty St.	Jacksonville, FL 32206
VP	Alton Johnston	420 Mockingbird Lane	Auburn, AL 36830

REINSTATEMENT 86-97
A. Alan
6/4/97

8. Name and Address of Current Registered Agent

Wayne E. Flowers
220 E. Forsyth St.
Jacksonville, FL 32202

9. Name and Address of New Registered Agent

Name

Gerald W. Weedon

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

1200 Riverplace Blvd., Ste. 800

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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

Gerald W. Weedon

REGISTERED AGENT MUST SIGN

Date

5/7/97

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

Charles H. Blankenship

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles H. Blankenship

5/30/97

Date

(904) 354-0300

Daytime Phone #

CR2E040 (12/96)