

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

C

DOCUMENT # G64629

1. Corporation Name

WOOD'S SERVICE, INC.

Principal Place of Business

Mailing Address

1541 S. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

1541 S. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

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

4. Date Incorporated or Qualified To Do Business in Florida

10/12/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. F.E.I. Number

59-2263164

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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	City / State / Zip
1	2	3	4
PVST	WOOD, NORMAN	1416 GRANADA AVE	HOLLY HILL, FL 00000
PVST	WOOD, NORMAN	2960 Carriage Drive	South Daytona, FL. 32119

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\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARK, JOSEPH P  
533 N NOVA RD SUITE 115  
ORMOND BCH FL 32074

Name

Norman Wood

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

1541 S. Ridgewood Ave.

Suite, Apt. #, Etc.

City

Daytona Beach,

State

FL

Zip Code

32114

10. I, being appointed the registered agent,

do hereby accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNED

Date 11/15/99

REGISTERED AGENT MUST SIGN

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-6-99

Date

Daytime Phone #