

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H27139

1. Corporation Name

WOODLAKE GROUP, INC.

Principal Place of Business

Mailing Address

~~8621 East Buffalo Ave.~~
~~Tampa, FL 33610~~

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

2. New Principal Office Address, If Applicable
9625 Alonzo Road

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riverview, FL

City & State

Zip 33569

Country Hillsborough

Zip

Country

4. Date Incorporated or Qualified
To Do Business in ~~FL~~ ^{FL} 1358.75 ***1358.75
10/24/1984

5. FEI Number

59-2474896

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	C.W. Kearney, Sr.	9625 Alonzo Road	Riverview, FL 33569
D	Barry L. Kearney	9625 Alonzo Road	Riverview, FL 33569
P	C.W. Kearney, Jr.	9625 Alonzo Road	Riverview, FL 33569
S/T	Joanne W. Kearney	9625 Alonzo Road	Riverview, FL 33569
VP	Bryan G. Kearney	9625 Alonzo Road	Riverview, FL 33569

REINSTATEMENT

9509973 1/8/99

8. Name and Address of Current Registered Agent

Swope, Dale M.
201 E. Kennedy Blvd.
Suite 1425
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name Joanne W. Kearney
Street Address (P.O. Box Number is Not Acceptable)
9625 Alonzo Road
Suite, Apt. #, Etc.

City Riverview

State FL Zip Code 33569

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

Joanne W. Kearney
REGISTERED AGENT MUST SIGN

Date 1-7-1999

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:

Joanne W. Kearney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-1999

Date

813-621-0855

Daytime Phone #