

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 15 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H 33361**

1. Corporation Name

**CLIFFORD L. WOOD, O.D., P.A.**

2. Principal Office Address

**408 EAST HWY 90**

Suite, Apt. #, etc.

3. Mailing Office Address

**7237 SR 52**

Suite, Apt. #, etc.

City & State

**BONIFAY, FL**

City & State

**BAYONET POINT, FL**

Zip

**32425**

Country

**USA**

Zip

**34667**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/10/1984**

5. FEI Number

**592539168**

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

**RICHARD A. BOYKO, EA.**

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

**7237 SR 52**

Suite, Apt. #, Etc.

City

**BAYONET POINT**

State

**FL**

Zip Code

**34667**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **MAY 18, 2006**

**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
PD	CLIFFORD L. WOOD	408 EAST HWY 90	BONIFAY, FL 32425

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/18/06**

Date

Daytime Phone #

2 yr

**WHITE DOVE BUSINESS & FINANCIAL SERVICES, INC.**

7237 S. R. 52  
BAYONET POINT, FL 34667  
(727) 861-2722  
FAX: 861-7190

May 18, 2006

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

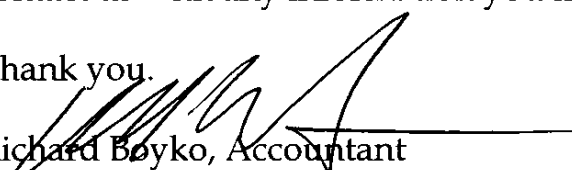
RE: H33361  
Clifford L. Wood, O.D., P.A.

Dear representative;

Please find enclosed an application for reinstatement for the above named corporation and an amount for \$900.00 to cover the fees. We never received notification of the annual report. (2001)

We sincerely appreciate your attention to this matter. Please do not hesitate to contact us with any information you may require or for questions you may have.

Thank you.

  
Richard Boyko, Accountant  
Clifford L. Wood, O.D., P.A.