

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 31 PM 1:34

mtu
10/31

DOCUMENT # H52779

1. Corporation Name

WOODLAND'S PRODUCTS, INC.

Principal Place of Business

Mailing Address

420 JOHN ANDERSON DR
ORMOND BEACH FL 32176-5407
US

PO BOX 2912
ORMOND BEACH FL 32175-2912
US



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

04/16/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2522749

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	HICKEY, STEPHEN E.	420 JOHN ANDERSON DR.	ORMOND BEACH FL

300002349593--7
-11/17/97--01154--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PALMETTO CHARTER SERVICES, INC.~~
~~150 MAGNOLIA AVE~~
~~DAYTONA BEACH FL 32014~~

Name

Stephen E. Hickey

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

420 John Anderson Drive

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

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

Stephen E. Hickey, new registered agent

REGISTERED AGENT MUST SIGN

Date

10/29/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Stephen E. Hickey, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97

904-677-2504

Daytime Phone #

CR2000 (9/97)