

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H58632

1. Corporation Name

J. & B. WOOLARD, INCORPORATED

Principal Place of Business

Mailing Address

% BRENDA A. WOOLARD
1525 HALSEMA ROAD NORTH
JACKSONVILLE FL 32220

% BRENDA A. WOOLARD
1525 HALSEMA ROAD NORTH
JACKSONVILLE FL 32220

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/21/1985

5. FEI Number

59-2527755

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 3	City / State / Zip 4
V	WOOLARD, BRENDA A	1525 HALSEMA RD N	JACKSONVILLE FL 32220
PST	WOOLARD, BRENDA A.	1525 HALSEMA ROAD NORTH	JACKSONVILLE FL

500067465365
03/09/06--01026--031 **1817.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOOLARD, BRENDA A.
1525 HALSEMA ROAD NORTH
JACKSONVILLE FL 32220

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Brenda A. Woolard

Date 02-06-06

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:

Brenda A. Woolard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-06-06

CR2E040 (8/99)