

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 16 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 541735

1. Corporation Name

Woodborough Corporation

2. Principal Office Address

678 E. Baya Drive
Suite, Apt. #, etc.

3. Mailing Office Address

1306 NW Scenic Lake Drive
Suite, Apt. #, etc.

REINSTATEMENT 03-95

City & State

Lake City, FL

City & State

Lake City, FL

Zip

32055

Country

USA

Zip

32055

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1986

5. FEI Number

592743717

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

3375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William C. Rowan

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

1306 NW Scenic Lake Drive

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

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

William C. Rowan

Date 2-15-05

REGISTERED AGENT MUST SIGN

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
P	William C. Rowan	1306 NW Scenic Lake Drive	Lake City, FL 32055
DST	Earl T. Rowan	3746 Peacock Drive	Melbourne, FL 32904

400047102534
02/23/05--01007--015 **450.00

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 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.

William C. Rowan

SIGNATURE:

William C. Rowan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05 (386) 752-0290

Date

Daytime Phone #

CR2E001 (01/05)

FD 282

February 15, 2005

To whom it may concern,

We are requesting a waiver for the reinstatement fee. They have changed addresses in Columbia County due to 911 addressing and we never received paperwork from the (2003 - 2005) Division of Corporations concerning the Woodborough Corporation. We are including a check in the amount of \$450.00 along with the reinstatement form and this letter of explanation as advised by your office. Thank you for your help in this matter.

William C. Rowan

William C. Rowan, President of Woodborough Corporation