

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP -1 PM 12:08

DOCUMENT # K81390

1. Corporation Name

Brooks Bay Wood Products, Inc.

**REINSTATEMENT** 9704

2. Principal Office Address

18036 U.S. Highway 41

3. Mailing Office Address

18036 U.S. Highway 41

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34610

Country

Zip

34610

Country

4. Date Incorporated or Qualified

To Do Business in Florida 04/19/1989

5. FEI Number

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

Ronald D. Biedrzycki

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

18036 U.S. Highway 41

Suite, Apt. #, Etc.

City

Brooksville

State  
**FL**

Zip Code  
34610

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

Date August 17, 2004

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/D	Ronald D. Biedrzycki	18036 U.S. Highway 41	Brooksville, FL 34610
S/T	Ronald D. Biedrzycki	18036 U.S. Highway 41	Brooksville, FL 34610

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.

SIGNATURE:

Ronald Biedrzycki  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/2004

Date

813-323-3212

Daytime Phone #

CR2E081 (01/04)