L06000064996

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 19 PM 2:34

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900187954289

CR2E041 (05/10)

DOCUMENT # L06000064996

1. Limited Liability Company's Name

WOOD DOCTORS, LLC

08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10880 7TH AVE GULF	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARATHON FL	City & State
Zip: 33050 Country: USA	Zip Country

4. State/Country of Formation: WOOD DOCTORS, LLC

5. Date Organized or Qualified To Do Business in Florida: 09/26/2008

6. FEI Number: L06000064996 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Troy Todd as its agent
REGISTERED AGENT MUST SIGN

Date: 11/18/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	Juliette Jones	11605 Harbor Dr.	Marathon Fl 33050
MGRM	Christian Brindel	11605 Harbor Dr.	Marathon Fl. 33050
	REINSTATEMENT 2008-2010		

11. E-mail Address: Juliette.Jones@msn.com
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 11/18/10 Daytime Phone #: 401-474-2794

Typed or printed name of signing Managing Member/Manager: Juliette Jones

CORPORATION SERVICE COMPANY

L06000064996

ACCOUNT NO. : I20000000195

REFERENCE : 571389 7540137

AUTHORIZATION : Lynette Coleman

COST LIMIT : $ 516.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 19 PM 2:34

ORDER DATE : November 9, 2010

ORDER TIME : 9:54 AM

ORDER NO. : 571389-005

CUSTOMER NO: 7540137

DOMESTIC FILINGS

NAME: WOOD DOCTORS, LLC

@ NAME AMENDMENT ATTACHED AS NAME IS NO LONGER AVAILABLE

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____

RECEIVED
10 NOV 19 AM 10:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA