

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 12: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000008155

Name and Mailing Address

0001996 01 AT 0.292 **AUTO TO 0 0615 32301-250980



WOODWARD LAND & INVESTMENT, L.C.
580 E. CALL STREET
TALLAHASSEE FL 32301-2509



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 580 E. CALL STREET TALLAHASSEE FL 32301		5. Date Organized or Qualified To Do Business in Florida 11/24/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number NOT APPLICABLE	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent WOODWARD, MAYO M 325 JOHN KNOX ROAD THE ATRIUM BUILDING SUITE 102 TALLAHASSEE FL 32303	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 *Mayo M Woodward* **SIGNATURE REQUIRED** Date 11/10/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	WOODWARD, MAYO M	580 E. CALL STREET	TALLAHASSEE FL 32301

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 *Mayo M Woodward* **SIGNATURE REQUIRED** Date 11/10/03 Daytime Phone # 850-422-8721

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)