

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
37 DEC -7 PM 2:47

DOCUMENT # N19525

1. Corporation Name

POLYWOODS, INC

B3 H/W/O
REINSTATEMENT 02-07

300112245909
11/14/07--01003--015 **236.25

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

9400-4th St. No

Suite, Apt. #, etc.

SUITE 120

City & State

ST PETERSBURG, FL

Zip

33702

Country

USA

3. Mailing Office Address

9400-4th St. No

Suite, Apt. #, etc.

SUITE 120

City & State

ST PETERSBURG, FL

Zip

33702

Country

USA

4. Date incorporated or Qualified
To Do Business in Florida

03/04/1987

5. FEI Number

59-2602598

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

ROBERT A. DOUGLASS

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

597 COREY AVE.

Suite, Apt. #, Etc.

City

ST PETERS BEACH

State

FL

Zip Code

33706

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

300112245909
12/19/07--01022--019 **131.25

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

Robert A. Douglas
REGISTERED AGENT MUST SIGN

Date 11/8/07

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	JAMES B. THOMPSON	700 CENTRAL AVE. 5 th FL	ST PETERSBURG, FL 33701
V/P	ELLIOTT S. GASSNER	9400-4 th St. No. SUITE 120	ST PETERSBURG, FL 33702
S/D	RICHARD HOBE	800-14 th AVE No	ST PETERSBURG, FL 33701
D	DEL GORDON	220 PASADENA AVES.	ST PETERSBURG, FL 33707
D	JACK FROST	13575-58 th ST. No. #154	CLEARWATER, FL 33760
D	KEITH ROBINSON	6735 CROSSWINDS DR No	ST PETERSBURG FL 33710

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 contained in Chapter 119, 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:

ELLIOTT S. GASSNER
Elliot S. Gassner Pres + V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/07 727577-9400 ^{Set} 212

Daytime Phone #