

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 12 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000002589

1. Corporation Name

WOODCRAFT DESIGNS, INC.
869 PEACOCK CIRCLE
YOUNGSTOWN, FL 32466

2. Principal Office Address

869 Peacock Circle

Suite, Apt. #, etc.

City & State

Youngstown, FL

Zip

32466

Country

USA

3. Mailing Office Address

869 Peacock Circle

Suite, Apt. #, etc.

City & State

Youngstown, FL

Zip

32466

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 01/03/2000**

5. FEI Number

59-3626590

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

William J. Nolan

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

869 Peacock Circle

Suite, Apt. #, Etc.

City

Youngstown

State

FL

Zip Code

32466

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 J. Nolan
REGISTERED AGENT MUST SIGN

Date 2/5/04

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
PD	William J. Nolan	869 Peacock Circle	Youngstown, FL 32466
ST	Glenda S. Nolan	869 Peacock Circle	Youngstown, FL 32466

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

Glenda S. Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-
2-7-04 722-8725

CR2E081 (01/04)

2-6-03

TO Whom it may Concern:

Our Corp. has been put
in inactive status because
of 2003 fee not being pd.
I called yesterday & found out
that form was mailed to ~~our~~ our
old address & we did not receive
it. Our Acct. usually takes care
of this for me, but due to
illness in our family this past
year, we did not have a acct.
And alot of things have got overlooked.
I am taking care of ~~personal~~ terminal
85 year old father in my
home & have not been working.
I am returning to work in 3 wks
& am working to get everything
straighten out. The lady that I
talked to yesterday said to fill out
form & do this letter & send a
300.00 ck. & they would reinstate
Corp. Thank you for your help.

Glenda Sue Nolan

Glenda Sue Nolan
850-722-8725 hms.
850-747-8343 shop.

Mailing Address for Buss -
869 Peacock Circle
Youngstown Pl. 32466