

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 11:00

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000045485

1. Corporation Name

WOODSOURCE, INC.

600025082366

11/26/03--01070--005 **150.00

REINSTATEMENT 03

2. Principal Office Address

7546 W McNab Rd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

No Lauderdale FL

City & State

Zip

33068

Country

Broward

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/2000

5. FEI Number

65-0916778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRISTOPHER LORENCE

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

7546 W McNab Rd

Suite, Apt. #, Etc.

City

No Lauderdale

State

FL

Zip Code

33068

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Date 11/17/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CHRISTOPHER LORENCE	7546 W McNab Rd No Lauderdale FL 33068	No Lauderdale FL 33068

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/03

Date

954-597-9550

Daytime Phone #

NOVEMBER 17, 2003

PLEASE BE ADVISED THAT WE HAVE NOT RECEIVED ANY
CORRESPONDENCE FROM THE DIVISION OF CORPORATIONS
FOR THE FOR WOODSOURSE, INC. AS YOU CAN SEE NO MAIL
WAS RECEIVED AT THE PREVIOUS ADDRESS SINCE WE HAVE
BEEN AT THE NEW LOCATION FOR ALMOST ONE YEAR.

PLEASE REINSTATE THE REFERENCED CORPORATION AS I HAVE
ENCLOSED A CORPORATE REINSTATEMENT AND A CHECK FOR \$150.00
IF YOU SHOULD HAVE ANY FURTHER QUESTIONS YOU CAN REACH
ME AT 954-234-9635.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,



CHRISTOPHER LORENCE
PRESIDENT