

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 5:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053100

1. Corporation Name

WOOD AMERICA CORPORATION

Principal Place of Business

10305 NW 41ST STREET  
DORAL BOULEVARD SUITE 211  
MIAMI FL 33178

Mailing Address

10305 NW 41ST STREET  
DORAL BOULEVARD SUITE 211  
MIAMI FL 33178

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/31/2000

5. FEI Number

65-0774842

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	WOLFF, CLAUS PETER	<del>10594 NW 52 TERRACE</del> 9791 NW 49 terrace.	MIAMI FL 33178

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758.75

8. Name and Address of Current Registered Agent

KLAUS, KURT R ESQ.  
2655 LEJEUNE ROAD  
SUITE 1108  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

3901 Coral Way Suite 502

Miami

FL

33145

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Robert R. Adams*  
REGISTERED AGENT MUST SIGN

Date

10/22/2002

11. 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:

*Robert R. Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(786) 473-6043

Oct 21, 2002

Date

Daytime Phone #

CR2E040 (8/02)