

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 18 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000016139

1. Corporation Name

Woodgoods, Inc.
8845 SW 132 St.
Miami, FL. 33176

2. Principal Office Address

8845 SW 132 St.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33176

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/21/01

5. FEI Number

65-1080477

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

Paul W Cole

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

19560 Holiday Road

03/18/03--01048--001 **300.0

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

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

Paul W Cole

REGISTERED AGENT MUST SIGN

Date 3/14/03

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
<u>PD</u>	<u>Paul W Cole</u>	<u>19560 Holiday Rd</u>	<u>Miami, FL 33157</u>

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:

Paul W Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-2003

Daytime Phone #

305-238-9268

SOUTHWEST ACCOUNTING CENTER, INC.

P.O. Box 971577
10381 SW 186 St
Miami, FL 33197-1577

Phone 305-255-2511
Fax 305-255-7313
Email swacctg@fdn.com

March 14, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

re: Form 203 Resinstatment P1000016139

Gentlemen:

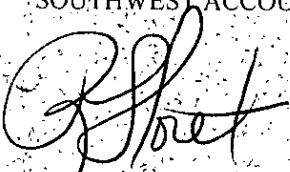
Please be advised that Mr. Paul W Cole never recieved the form but didn't think anything of it, since this was his first year after incorporation. After researching the net we find that the address listed for this corporation is incorrect since the time of its first filing. The address is 8845 SW 132 ST and is listes as 8845 132 St.

Enclosed is a check in the amount of \$300.00 and completed Form 203 Reinstatement 2001.

Thank you so much in your attention in this matter.

Sincerely,

SOUTHWEST ACCOUNTING CENTER, INC.



Regina Lloret



Paul W Cole
Woodgoods, Inc.