

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 23 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027342

1. Corporation Name

Wood Products of Sarasota Inc

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

1663 Arlington St

Suite, Apt. #, etc.

3. Mailing Office Address

1663 Arlington St

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34239

Country

USA

City & State

Sarasota FL

Zip

34239

Country

USA

800209282168

06/23/11--01028--003 **900.00

10-11

DS3F192) 22021*

4. Date Incorporated or Qualified
To Do Business in Florida

3-12-2001

5. FEI Number

651103625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8/ Name and Address of Current Registered Agent

Name

Karl A Westlund

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

1663 Arlington St.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

REINSTATEMENT

11/23

9/ 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

Karl A. Westlund

Date 6-20-2011

REGISTERED AGENT MUST SIGN

1/ 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>President</u>	<u>Karl A. Westlund</u>	<u>1663 Arlington St.</u>	<u>Sarasota FL 34239</u>
<u>Secretary</u>	<u>Karl A. Westlund</u>	<u>1663 Arlington St.</u>	<u>Sarasota FL 34239</u>
<u>Treasurer</u>	<u>Karl A. Westlund</u>	<u>1663 Arlington St.</u>	<u>Sarasota FL 34239</u>

10. E-mail Address: NA Please mail forms

(To be used for future annual report notification)

22/ 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Karl A. Westlund Karl A. Westlund

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-11 941-957-4617

Date

Daytime Phone #