

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 24 AM 8:01

DOCUMENT # P01000080842

1. Corporation Name

WOODS SALES COMPANY, INC.

Principal Place of Business

2633 SE 20TH AVENUE
CAPE CORAL FL 33904

Mailing Address

2633 SE 20TH AVENUE
CAPE CORAL FL 33904

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

08/13/2001

5. FEI Number

65-1128585

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
Pres.	Erica M. Woods	2633 SE 20th Avenue	Cape Coral, FL 33904

8. Name and Address of Current Registered Agent

WOODS, ERICA M
2633 SE 20TH AVENUE
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-16-02

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-2002 239/242-9919
Date Daytime Phone #

CR20040 (802)

To: Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

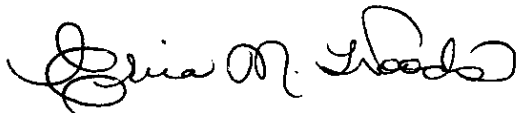
From: Woods Sales Company, Inc.
2633 SE 20TH Avenue
Cape Coral, FL 33904

Date: December 16, 2002

Re: Application for Reinstatement

Please accept this application for reinstatement and the \$150.00 fee to file enclosed. The previous notices were not received. Thank you for your cooperation in this matter. If you have any questions you may reach me at 239) 242-9919 or 239) 770-2687.

Woods Sales Company, Inc.

A handwritten signature in black ink, appearing to read "Erica M. Woods". The signature is fluid and cursive, with the first name "Erica" being more prominent than the last name "Woods".

Erica M. Woods
President