

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000093911

1. Corporation Name

WOODY'S WHEEL HOUSE, INC.

Principal Place of Business

545 MASON AVE  
DAYTONA BEACH FL 32117

Mailing Address

545 MASON AVE  
DAYTONA BEACH FL 32117

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

2. New Principal Office Address, If Applicable

1750 N. Nova Rd  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1750 N. Nova Rd  
Suite, Apt. #, etc.

City & State

Holly Hill, FL  
Zip 32117 Country USA

City & State

Holly Hill, FL  
Zip 32117 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/2001

5. FEI Number

651151842

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
DP	BRELSFORD, JEFFREY T	545 MASON AVE	DAYTONA BEACH FL 32117
DV	CLEARY, VIRGIL R	696 TUMBLEBROOK	PORT ORANGE FL 32127

8. Name and Address of Current Registered Agent

GAMBERT, WILLIAM  
629 NORTH PENINSULA AVE  
DAYTONA BEACH FL 32118

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

CR2ED40 (8/02)

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

*William Gamber*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/25/02

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

Date

Daytime Phone #

10-25-02 386-276-1116

Oct. 25, 2002

To Whom It May Concern:

We never recieved the letter  
stating the form we originally  
sent in was incorrect. We  
deeply apologize for any inconvenience.

Thank you!

Vigil Chong