

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR 29 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000101345**

1. Corporation Name

**WOODBUSH, INC.**

Principal Place of Business

Mailing Address

C/O AILEEN ORTEGA PA  
2420 CORAL WAY  
MIAMI FL 33145

C/O AILEEN ORTEGA PA  
2420 CORAL WAY  
MIAMI FL 33145

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



**REINSTATEMENT 03-04**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/18/2001

5. FEI Number

200910482

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GAUDIANO, JORGE	2420 CORAL WAY	MIAMI FL 33145
			100031546471 03/31/04--01017--009 **300.00
			<i>03/29</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AILEEN ORTEGA, P.A.  
2420 CORAL WAY  
MIAMI FL 33145

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 3-25-04

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)(l), 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 3-25-04

Date

Daytime Phone #

CR2E040 (7/03)

AILEEN ORTEGA, P.A.  
ATTORNEY AT LAW

March 25, 2004

VIA OVERNIGHT DELIVERY

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399  
Attn: Renewal Division

*Re: Woodbrush, Inc.*  
Document No. P01000101345

To Whom It May Concern:

Enclosed please find a reinstatement application for the above referenced Corporation. Please be advised that we, the registered agent, never received the annual report for this Corporation, only the reinstatement, therefore, please waive all fees associated with the dissolution.

Furthermore, I enclose our check No.1250 in the amount of \$300.00 representing the renewal fee.

Thank you very much for this courtesy, *it is truly appreciated.* ☺

Sincerely,

AILEEN ORTEGA, P.A.

  
Michelle Peraza  
Legal Assistant

URGENT PLEASE  
THANK YOU  
Have a nice weekend!

MP/mbs

Enclosures