

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106853

1. Corporation Name

BRENDA WOOD, P.A.

Principal Place of Business

400 FLAGSHIP DRIVE #908  
NAPLES FL 34108

Mailing Address

400 FLAGSHIP DRIVE #908  
NAPLES FL 34108



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3753997

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	WOOD, BRENDA	400 FLAGSHIP DRIVE #908	NAPLES FL 34108

900009166779  
11/22/02--01035--006 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WOOD, BRENDA  
400 FLAGSHIP DRIVE #908  
NAPLES FL 34108

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

*Brenda A. Wood*  
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

*Brenda A. Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/02

CR2E040 (8/02)

Brenda Wood, P.A.  
400 Flagship Drive #908  
Naples, FL 34108  
239 598-9191

October 28, 2002

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

RE: Brenda Wood, PA  
400 Flagship Drive #908  
Naples, FL 34108  
Federal ID# 59-3753997

Dear Division of Corporations:

I am writing in response to the administrative dissolution of Brenda Wood, PA (see attached).

I have enclosed a check for \$150 to cover the required annual fee. I respectfully request that the corporate status be re-installed at the original renewal cost. I did not intentionally disregard my requirements as a corporate entity. I did not receive the original renewal form and because the corporation began in 2001, the current year is the first time I am required to file this form. I am not yet familiar with the process and was therefore not aware of specific steps needed to be in compliance.

Although I realize that it is my responsibility to obtain the renewal application annually, your consideration under this first year circumstance would be greatly appreciated. Please feel free to contact me if you have any questions or if I can provide you with any further information. Thank you for your attention to this matter.

Sincerely,



Brenda Wood  
Brenda Wood P.A.