

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

03 OCT 21 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075920

1. Corporation Name

MCWAYNE WOODSMITH & TRIM, INC.

Principal Place of Business

2760 SANDUSKY AVE WEST  
JACKSONVILLE FL 32216

Mailing Address

2760 SANDUSKY AVE WEST  
JACKSONVILLE FL 32216

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

2. New Principal Office Address, If Applicable

1140 Carlotta Rd W  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1140 Carlotta Rd W  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32211

Country

Duval

Zip

32211

Country

Duval

4. Date Incorporated or Qualified  
To Do Business in Florida

07/12/2002

5. FEI Number

22-3857182

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	MCWAYNE, ANGUS	2760 SANDUSKY AVE WEST	JACKSONVILLE FL 32216
S	MCWAYNE, SUSAN	2760 SANDUSKY AVE WEST	JACKSONVILLE FL 32216

000023963500

10/21/03--01060--013 \*\*150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4 FLR  
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

Angus McWayne

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

1140 Carlotta Rd. W.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

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

*Angus McWayne*  
REGISTERED AGENT MUST SIGN

Date

10.15.03

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:

*Angus McWayne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.15.03

Daytime Phone #

CR2E040 (7/03)

**McWayne Woodsmith & Trim, Inc.**  
**1140 Carlotta Road West**  
**Jacksonville, FL 32211**  
**904-727-0806**

October 15, 2003

Florida Department of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500


Re: McWayne Woodsmith & Trim, Inc.  
Document Number P02000075920

Gentlemen:

Enclosed is the Application for Reinstatement for 2003 for McWayne Woodsmith & Trim, Inc. I never received the initial Uniform Business Report; since this is a new corporation, I was unaware of this requirement.

Please waive the assessed penalties due to the fact that this failure to file the Uniform Business Report was not intentional negligence on my part.

Sincerely,

  
Angus McWayne  
President

AM/arw

Enclosures