

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 28 PM 10: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000084380

1. Corporation Name

JOHN E. WOOD P.A.

2. Principal Office Address

2244 BELSFIELD CIR

Suite, Apt. #, etc.

City & State

CLERMONT, FL

Zip

34711

Country

LAKE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT
CRZE081 (8/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/11/03

5. FEI Number

42-1594952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN E. WOOD

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

2244 BELSFIELD CIR

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 11/01/2005

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--|
| PRES | JOHN E. WOOD | 2244 BELSFIELD CIR | CLERMONT, FL 34711 |
| VP | DIANA K WOOD | 2244 BELSFIELD CIR | CLERMONT, FL 34711 |
| | | | 800061258788 11/08/05--01046--003 ***308.75 |
| | | | |
| | | | |
| | | | |

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP

11/3/05

352-
241-0482

2/2

THOMAS SMITH JR.

Enrolled Agent

"The True Tax Professional"



Accredited Tax Advisor (ATA)
Notary Public, Bexar County

Enrolled to Practice, Before
The Internal Revenue Service (EA)

1554 BOREN DRIVE, SUITE 200

OCOEE, FL 34761

(407) 654-2777 (VOICE/FAX)

email-tsmithea@aol.com

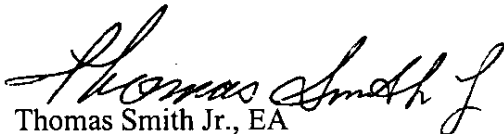
October 31, 2005

Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attached is the Corporate Reinstatement request for John E. Wood, P.A. document number P03000054380.

In accordance with s. 607.193(2)(b), F.S., F.S., the corporation did not receive the prior notice therefore, I have included a check for reinstatement of \$308.75 to cover the reinstatement fee and a Certificate of Status.

Sincerely,


Thomas Smith Jr., EA