

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED 192

06 DEC 11 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000018461

1. Corporation Name

Woods Drywall Inc.

2. Principal Office Address

6810 Walker pl.

Suite, Apt. #, etc.

3. Mailing Office Address

6810 Walker pl.

Suite, Apt. #, etc.

City & State

Live Oak FL.

Zip

32060 Sunnyside

Country

City & State

Live Oak, FL.

Zip

32060 Sunnyside

Country

REINSTATEMENT -05-96

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

33-1086205

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

Edward Woods

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

6810 Walker pl.

Suite, Apt. #, Etc.

City

Live Oak

State

FL

Zip Code

32060

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

Edward M Woods

REGISTERED AGENT MUST SIGN

Date Dec. 11, 2006

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
	<u>Edward Woods</u> <u>President</u>	<u>6810 Walker pl.</u>	<u>Live Oak, FL 32060</u>

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 contained in Chapter 119, 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:

Edward Woods Edward Woods

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/11/2006 (386)
288-0345

Daytime Phone #

I Edward M. Woods did
not receive my 2005^{2nd}
Annual report notice
for Woods Drywall
Inc.

Edward M. Woods