

**CORPORATION
REINSTATEMENT**



Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV -5 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05000093883**

1. Corporation Name

Wood's Custom Buildings

Robert Davis Wood

2. Principal Office Address - No P.O. Box #

37511 Kossik Rd

Suite, Apt. #, etc.

ZEPHYRHILLS FL

City & State

Zip
33541

Country
U.S.

3. Mailing Office Address

37511 Kossik Rd

Suite, Apt. #, etc.

ZEPHYRHILLS FL

City & State

Zip
33541

Country
U.S.

7. Name and Address of Current Registered Agent

Name **Robert Davis Wood**

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

37511 Kossik Road

Suite, Apt. #, Etc.

ZEPHYRHILLS, FL

City

State
FL

Zip Code

33541

REINSTATEMENT

06-07

4. Date Incorporated or Qualified To Do Business in Florida

07-01-2005

5. FEI Number

~~11-11111111~~

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Robert Davis Wood

REGISTERED AGENT MUST SIGN

Date

Oct-31-07

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
OWNER	Robert Davis Wood	37511 Kossik Road	zephyrhills, FL 33541

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:

Robert Davis Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct-31-07

Daytime Phone #

813-713-2333

11/7a