Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120
Fax Number : (954)343-6962

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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2010 JAN -5 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT
WOODBRIDGE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00

$600.00
~~$450.00~~
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000000224

1. Corporation Name

WOODBRIDGE, INC.

REINSTATEMENT 07-10

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
100 W CYPRESS CREEK RD	100 W CYPRESS CREEK RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 700	SUITE 700
City & State	City & State
FT LAUDERDALE FL	FT LAUDERDALE FL
Zip / Country	Zip / Country
33309 / USA	33309 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/30/05

5. FEI Number: ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GREGORY BLODIG

Street Address (P.O. Box Number is Not Acceptable): 100 W CYPRESS CREEK RD

Suite, Apt. #, Etc.: SUITE 700

City: FT LAUDERDALE | State: FL | Zip Code: 33309

☑ 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 617.0505, F.S.

Signature of Registered Agent: _____ (REGISTERED AGENT MUST SIGN) Date: 12/31/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BRAD DRESSLER	100 W CYPRESS CREEK RD#700	FT LAUDERDALE FL 33309

10. E-mail Address: _____ (To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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. Further, I am aware that all information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ BRAD DRESSLER 12/31/09 954-491-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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