

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 APR 23 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000035848

1. Corporation Name

SAWMAC CORP.

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

11095 NW 79TH PLACE

Suite, Apt. #, etc.

City & State

PARKLAND, FL

Zip

33076

Country

USA

3. Mailing Office Address

PO BOX 11338

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

Zip

33339

Country

USA

500177296955  
04/23/10--01033--018 \*\*1050.00  
CR2E081 (11/09)

**REINSTATEMENT** 08-10

4. Date incorporated or qualified  
To Do Business in Florida

03/20/2007

5. FEI Number  
43-1993848

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

ALLAN WOODMAN

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

11095 NW 79TH PLACE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

☐ 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

*Allan Woodman*

REGISTERED AGENT MUST SIGN

Date

4-8-10

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
PST	ALLAN WOODMAN	11095 NW 79TH PLACE	PARKLAND, FL 33076

10. E-mail Address: NOT APPLICABLE

(To be used for future annual report notification)

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. I further certify 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:

*Allan Woodman* ALLAN WOODMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-10

954-290-1444

4/26 aw