

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 JUN 19 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06/19/09--01054--008 **150.00

CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**
2009 AP



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000056187

1. Corporation Name

DAVID A. WOOD, INC.

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

18364 QUETZAL RD.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

Country

34613

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

5-9-2007

5. FEI Number

26-0160430

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

DAVID A. WOOD

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

18364 QUETZAL RD.

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

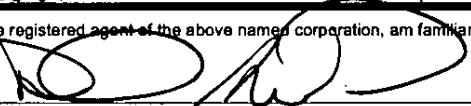
Zip Code

34613

☒ 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



Date 6/16/09


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
71NP SIT	DAVID A. WOOD	18364 QUETZAL RD.	BROOKSVILLE, FL 34613
70% S/H	Randy Schultz	17325 Shirla Rae Dr	Spring Hill FL 34610

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:



David A. Wood

6/16/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #