

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Jul 19, 2005 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14068

1. Corporation Name
The Dogwoods, Inc.

2. Principal Office Address
101 Philadelphia Street

Suite, Apt. #, etc.

City & State
Hanover, PA

Zip
17331

Country
USA

3. Mailing Office Address
PO Box 877

Suite, Apt. #, etc.

City & State
Hanover, PA

Zip
17331

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 04/16/87

5. FEI Number
52-1296943

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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**

[Signature]
REGISTERED AGENT MUST SIGN

Vicki Ann Owens
Special Assistant Secretary

Date

7/1/05

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
P & D	Peter H. Sheppard	101 Philadelphia Street	Hanover, PA 17331
S & D	Oliver Hoar	101 Philadelphia Street	Hanover, PA 17331
T & D	William Heiser	101 Philadelphia Street	Hanover, PA 17331

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 under section 119.07(3)(i), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-05
Date

633-4103
Daytime Phone #

M. Williams | JUL 29 2005