

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 26 PM 1:43

DOCUMENT # P93000055575

1. Corporation Name BACK TO THE WOODS, INC.

Principal Place of Business Mailing Address  
4611 S. UNIVERSITY DR. #114 4611 S. UNIVERSITY DR. #114  
DAVIE, FL 33328 DAVIE, FL 33328

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/9/93

5. FEI Number 65-0425720

Applied For

65-0425720

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MOUNCE-JOHNSON, DIANE R.	4611 S. UNIVERSITY DR. #114	DAVIE, FL 33328
ST	JONSSON, TOMMY ALF	4611 S. UNIVERSITY DR. #114	DAVIE, FL 33328
			800003467778--3 -11/16/00--01051--021 *****8.75 *****8.75
			800003467778--3 -11/16/00--01051--022 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

MOUNCE-JOHNSON, DIANE R.  
4241 SW 82 WAY  
DAVIE, FL 33328

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Diane Mounce Jonsson

Date 10/10/00

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Diane Mounce Jonsson

Diane Mounce-Jonsson

Date

Daytime Phone #

(954)452-0228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR