APPLICATION FOR POR POR PINE	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
DOCUMENT # PRODUCESSTY I. Corporation Name BACK NO THE WOODS, INC. Proceed Placed Barnes Mainty Advance, Main	APPLICATION FOR	NT OF STATE tham State	THEU THEU				
Percepti Place of Busines: Maining Address 4611 S. UNIVERSITY DR. #114 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 DAVIE, FL 33328 I' address are incorrect in any way, the through incorrect information and enter concent below. PPT 3 H © T A: TELEN, MEAN DEC. 2. New Principal Office Address. If Applicable S. New Address. II: Applicable - Concentration of Concentrat	DOCUMENT # P93000055577						
4611 S. UNIVERSITY DR. #114 4611 S. UNIVERSITY DR. #114 DAVIE, YL. 33328 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address. If Applicative 3. New Principal Office Address. If Applicative 2. New Principal Office Address. If Applicative 3. New Principal Office Address. If Applicative 4. Data Incorporated or Coulded 5. FEI Number 65-042.57.20 Country 20 Country 20 Country 20 Country 20 20 20 20 20 21 21 22 23 24 25 26 27 28 28 29 20 20 21 21 22 23 24 25 26 27 28							
DAVIE, FL 33328 DAVIE, FL 33328 P stove addresses as in according in any way, line through income information and enter contaction below. P TARE C TRETERNET AND Q OF CONTACT 2. New Principal Office Address, If Applicable 5. New Mating Office Address, If Applicable 4. Deter Incorporated to Contained To Contai					· ·	•	
If above addresses as incorrect in any way, the through incorrect instamation and entire concentration below. If above addresses are incorrect in any way, the through incorrect instamation and entire concentration below. If above addresses are incorrect in any way, the through incorrect instamation and entire concentration below. 2. New Maining Office Address. If Applicable 3. New Maining Office Address. If Applicable 4. Data Inspropriet of Data Insproprinted Data Inspropriet of Data Insproprint	DAVIE, FL 33328 DAVIE, FL 33328						
2. New Principal Office Address, If Applicable 3. New Maining Office Address, If Applicable 4. Date Incorporated or Cutified	If above addresses are incorrect in any way, line through incorrect information and enter correction below.				Princtatement 98-00		
Cay & State City & State S. FEI Number 60 - D4 25 / ZO Incide for Number 20 - D4 25 / ZO Zip Country Zip Country Country Centre 0 status Desired State 2 status Desired a status Desired State 2 stat	2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			To Do Business in Florida			
Zp Country Zp Country 6. centificate of Status DesireD Status Addresses of Each Officer and/or Director (Florida nonpolit corporations must list at least 3 directors) Title(s) Name of Officers Street Addresses of Each Chy / State / Zp P Nounce-JOHNSON, DIANE R. 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOHMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOHMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOHMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOHMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOHMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOHMY ALF 4611 S. UNIVERSITY DR. #116,0001051022 ********* ************************************	City & State		`				
Title(a) Name of Officies Street Address of Each City / State / Zp P MOUNCE-JOHNSON, DIANE R. 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMHY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMHY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMHY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMHY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMHY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMHY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 State / Zp Code	6.			6. CERTIFICATE	30.73 Additional Fee required		
Title(s) 2 and/or Directors 3 (Do NOT Director) 4 Cityl State 7 LD 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 ST JONSSON, TOMMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 ST JONSSON, TOMMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 State and Address of Current Registered Agent Namo 9. Name and Address of New Registered Agent MOUNCE-JOHNSON, DIANE R. State Address (P.O. Box Number.) SNet Acceptable) 4241 SW 82 WAY DAVIE, FL 33328 Suite Apt # Etc. State Zap Code 10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Signature	Name of Officers						
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 ST JONSSON, TOMMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328 PODDD34677783 -11/16/2001051021 *******88.75 ***********************************	Title(s) and/or Directors Officer and/or Directors 1 2 3 (Do NOT Use Post Office E						
Second 467 condition for reason for displayer of measure of Registered Agent 1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax) (See other side for informatio							
Image: Street Address of Current Registered Agent Image: Street Address of Number is Not Acceptable) Image: Street Address of Number is Not Acceptable) Image: Street Address of Number is Not Acceptable) Image: Street Address of Current Registered Agent Image: Street Address of Number is Not Acceptable) Image: Street Address of Current Registered Agent Image: Street Address of Number is Not Acceptable) Image: Street Address of Number is Not Acceptable) Image: Street Address of Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Number is Not Acceptable) Image: Street Address (P.O. Box Num	ST JONSSON, TOMMY ALF 4611 S. UNIVERSITY DR. #114 DAVIE, FL 33328						
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MOUNCE-JOHNSON, DIANE R. 4241 SW 82 WAY DAVIE, FL 33328 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 Date 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 Date 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 Date 10. ID 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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 fling this reinstatement application, the reason for dissolution has been paid and the corporate name satisfies the requirements of Section 607.0401 or 617.0401, F.S. The information indicated decomption under section 119.07(3)(0, F.S. the information indicated decomption under a section 119.07(3)(0, F.S. the information indicated decomption under a section 119.07(3)(0, F.S.	8000034677783						
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MOUNCE-JOHNSON, DIANE R. 4241 SW 82 WAY DAVIE, FL 33328 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 Date 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 Date 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 Date 10. ID 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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 fling this reinstatement application, the reason for dissolution has been paid and the corporate name satisfies the requirements of Section 607.0401 or 617.0401, F.S. The information indicated decomption under section 119.07(3)(0, F.S. the information indicated decomption under a section 119.07(3)(0, F.S. the information indicated decomption under a section 119.07(3)(0, F.S.				**************************************			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name MOUNCE-JOHNSON, DIANE R. 4241 SW 82 WAY DAVIE, FL 33328 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 Date 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 Date 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 Date 10. ID 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes 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 fling this reinstatement application, the reason for dissolution has been paid and the corporate name satisfies the requirements of Section 607.0401 or 617.0401, F.S. The information indicated decomption under section 119.07(3)(0, F.S. the information indicated decomption under a section 119.07(3)(0, F.S. the information indicated decomption under a section 119.07(3)(0, F.S.				10111		792	
Name Street Address (P.O. Box Number.is Not Acceptable) Street Address (P.O. Box Number.is Not Acceptable) 4241 SW 82 WAY Suite. Apt. #. Etc. Suite. Apt. #. Etc. DAVIE, FL 33328 City State 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 Date IO IO IO DO 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X 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. I hat all fees over the other section 10.07.0401 or 617.0401, F.S. I hat all fees over the other section 10.07.0401 or 617.0401, F.S. I hat all fees over the other section 10.07.0401 or 617.0401, F.S. I hat all fees over the the corporation have been paid and the names of individual sited on this form do not qualify for an exemption under section 10.07.0401 or 617.0401, F.S. I hat all fees over the the corporate name satisfies the requirements of section 10.07.0401 or 617.0401, F.S. I hat all fees over the corporation have been paid and the names of individual sector individual fees over the corporation have been paid and the names of individual sector IIII.07.07.010, F.S. The inf	·····				-11/16/00010 ***1050.00 **	51022 *1050.08	
HOUNCE-JOINSON, DIANE K. 4241 SW 82 WAY DAVIE, FL 33328 Suite, Apt. #, Etc. City Signature of Registered Agent Description Agent Description Agent Description Agent Description City State Zip Code FL Signature of Registered Agent Description Agent Description Agent Description Agent Description Open Agent Description Date IO IO <td< td=""><td colspan="5">d. Hame and Address of Barrent registeres significants</td><td></td></td<>	d. Hame and Address of Barrent registeres significants						
DAVIE, FL 33328 Suite, Apl. #, Etc. City State 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 Diate 10 10 00 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X 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 pay eagle 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	MOUNCE-JOHNSON, DIANE R.				OBox Number.is:Not:Acceptable)		
City State 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 Signature of Registered Agent Didne, Mounce On 0.000 II. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X 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 19.07(3)(i), F.S. The information indicated	Suite, Ap			#, Elc.			
Signature of Registered Agent Diane Diane 10/10/00 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X 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			. FL				
 Dept. of Revenue under S. 199.032, Florida Statutes. Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Signature of Diana Manuala Amazon ID1000						
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	11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (See other side for information on intangible tax.)						
	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 rees 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						
SIGNATURE: Wane Mounce Jon Don Diane Marce Jonsson (954)452-0228 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date							