

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

# REINSTATEMENT 05


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV -7 AM 10:39

08/25/05 90002 013 \$150.00



11022005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P93000055577</b>			
1. Entity Name <b>BACK TO THE WOODS, INC.</b>			
Principal Place of Business <b>4611 SOUTH UNIVERSITY DR. SUITE 114 DAVIE, FL 33328</b>		Mailing Address <b>4611 SOUTH UNIVERSITY DR. SUITE 114 DAVIE, FL 33328</b>	
2. Principal Place of Business		3. Mailing Address <b>2490 Grand Ave.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite # 229237</b>	
City & State		City & State <b>Glenwood, Florida</b>	
Zip	Country	Zip	Country
<b>32722</b>	<b>U.S.A</b>	<b>32722</b>	<b>U.S.A</b>
4. FEI Number <b>65-0425720</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MOUNCE-JOHNSON, DIANE 4611 S UNIVERSITY DRIVE STE 114 DAVIE, FL 33328</b>		7. Name and Address of New Registered Agent Name <b>Diane Mounce-Jonsson</b> Street Address (P.O. Box Number is Not Acceptable) <b>2490 Grand Avenue</b> Suite # <b>229237</b> City <b>Glenwood</b> FL Zip Code <b>32722</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><b>Diane Mounce-Jonsson</b></u> <b>11-1-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P MOUNCE-JOHNSON, DIANE R 4611 S UNIVERSITY, STE. 114 DAVIE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>ST JONSSON, TOMMY A 4611 S. UNIVERSITY, STE. 114 DAVIE, FL 33328</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><b>Diane Mounce-Jonsson</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>11-1-05 (954) 249-8439</b> <small>Date Daytime Phone</small>	