

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087061

1. Corporation Name

RAY WOODS, INC.

Principal Place of Business

9420 LAZY LANE  
B-18  
TAMPA FL 33614  
US

Mailing Address

9420 LAZY LANE  
B-18  
TAMPA FL 33614  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1993

5. FEI Number

59-3214970

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WOODS, RAY A	9215 LAZY LANE	TAMPA FL 33614

100024169061  
10/27/03 01075-004 \*\*150.00

8. Name and Address of Current Registered Agent

WOODS, RAY  
200 87TH AVE. N.  
ST PETERSBURG FL 33704

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

10/22/03

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

## **Woods Construction Co.**

License No. CB C058759

**Commercial & Residential**

200 89<sup>th</sup> Avenue N.

St. Petersburg, FL 33702

Office: 727-577-7718 Fax: 727-578-1101

To whom it may concern,

Attached please find our reinstatement application for Ray Woods, Inc.

Please consider this payment received and abate any penalties. Our original payment has never been posted. If you should receive the original payment please return to us immediately.

Thank you in advance for your cooperation in this matter. Should you have any question feel free to contact us during normal business hours.

Sincerely,

Ray Woods



President