

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P95000051538**

1. Corporation Name

**WILDWOOD CYLINDER HEADS, INC.**

FILED

96 DEC 17 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1700 NORTHWEST 22 COURT, SUITE 1  
POMPANO BEACH FL 33069

1700 NORTHWEST 22 COURT, SUITE 1  
POMPANO BEACH FL 33069



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/03/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0593120	
				CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PT	WOOD, TIMOTHY J	1700 NORTHWEST 22 COURT, SUITE 1	POMPANO BEACH FL 33069
ST	WOOD, JENNY S	1700 NORTHWEST 22 COURT, SUITE 1	POMPANO BEACH FL 33069

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-12/13/96-01027-007  
\*\*\*375.00 \*\*\*375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTO  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Jenny S. Wood  
Street Address (P.O. Box Number is Not Acceptable)  
22728 S.W. 65 Way  
Suite, Apt. #, Etc.

City Boca Raton

State FL Zip Code 33069

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 Jenny S. Wood  
REGISTERED AGENT MUST SIGN

Date 12-13-96

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: Timothy J. Wood (954)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 12-13-96 Daytime Phone # 978-6762

CR2040 (7/96)