

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 10 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000085639

1. Corporation Name

Woods Bros., Inc.

2. Principal Office Address

24479 US Highway 19 N.

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33763

Country

U.S.

3. Mailing Office Address

24479 US Highway 19 N.

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33763

Country

U.S.

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/6/95

5. FEI Number

65-0640485

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jonathan James Damonte

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

12110 Seminole Blvd.

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33778

800003278258-5
-06/06/00--01061--013
****300.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jonathan James Damonte

REGISTERED AGENT MUST SIGN

Date

May 2, 2000

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	John Woods	1859 W. Pine Island Road	Plantation, FL 33322
PDCT	Daniel Woods	1859 W. Pine Island Road	Plantation, FL 33322
S	Catherine Woods	1859 W. Pine Island Road	Plantation, FL 33322

10. 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

5-4-00

727-586-2889

Daytime Phone #