

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED

Nov 19 1998 8:00am
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>PA160000029189</u>			
1. Corporation Name <u>Woodson Security Co Inc</u>			
Principal Place of Business <u>2713 Washington Rd</u> <u>Valrico, FL 33594</u>		Mailing Address <u>Same</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable <u>N/A</u>		3. New Mailing Office Address, If Applicable <u>2713 Washington Rd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <u>Valrico FL</u>	
Zip		Zip <u>33594</u>	
Country		Country <u>FL</u>	
4. Date Incorporated or Qualified To Do Business In Florida		5. FEI Number <u>54-8380255</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S\$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
President	Jerry Woodson	2713 Washington Rd	Valrico, FL 33594
Vice	Jerry Woodson	2713 Washington Rd	Valrico, FL 33594
Sec	Delores Woodson	2713 Washington Rd	Valrico, FL 33594
Treas	Delores Woodson	2713 Washington Rd	Valrico, FL 33594
8. Name and Address of Current Registered Agent			
Jerry Woodson		9. Name and Address of New Registered Agent	
2713 Washington Rd		Name	
Valrico, FL		Street Address (P.O. Box Number is not acceptable)	
		Suite, Apt. #, 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		Date	
<u>Jerry Woodson</u>		<u>10-1-98</u>	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: <u>Jerry Woodson</u>		10-1-98 (65) 249-1742	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Image under
PA160000029189
needs to be
reflected