


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 FEB 11 AM 9:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P960000064226					
1. Corporation Name Mark M. Woods, PA					
2. Principal Office Address 10225 Wmerton Rd			3. Mailing Office Address same		
Suite, Apt. #, etc. Ste 9-C			Suite, Apt. #, etc.		
City & State Largo, FL			City & State		
Zip 33771	Country USA	Zip	Country	4. Date incorporated or Qualified To Do Business in Florida	
				5. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Mark M. Woods					
Street Address (P.O. Box Number is Not Acceptable) 10225 Wmerton Rd					
Suite, Apt. #, Etc. Ste 9-C					
City Largo				State FL	Zip Code 33771
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 Mark M. Woods Date 2/10/05 REGISTERED AGENT MUST SIGN					
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	
P	Mark M. Woods	10225 Wmerton Rd		Largo FL 33771	
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: Mark M. Woods Date 2/10/05 Daytime Phone # 727-585-9282 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					

CR25081 (01/05)