

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 Jan -2 PM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000064226

1. Corporation Name

MARK M. WOODS, P.A.

2. Principal Office Address - No P.O. Box #

10225 ULMERTON RD #7C-1

Suite, Apt. #, etc.

#7C-1

City & State

LARGO FL

Zip

33771

Country

USA

3. Mailing Office Address

10225 ULMERTON RD

Suite, Apt. #, etc.

#7C-1

City & State

LARGO FL

Zip

33771

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

2/31/96

5. FEI Number

59-3395337

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

N/A

\$8.75 Additional Fee req  
for a Certificate of Stat

7. Name and Address of Current Registered Agent

Name

MARK M. WOODS

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

10225 ULMERTON RD

Suite, Apt. #, Etc.

#7C-1

City

LARGO

State

FL

Zip Code

33771

300267935773

01/02/15--01024--004 \*\*150.00

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

Mark M. Woods

REGISTERED AGENT MUST SIGN

Date

12/30/14

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 ULMERTON RD #7C-1	LARGO FL 33771

**REINSTATEMENT**

2014

10. E-mail Address: MWOODS@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Mark M. Woods

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/14 (727) 585-9282

Daytime Phone #