

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 JAN 26 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # PA60000891104
1. Corporation Name
WOODY DRAKE ADVERTISING, INC.

2. Principal Office Address
PO BOX 429

3. Mailing Office Address
Same PO Box 429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GREENSBORO

City & State
FLORIDA

Zip Country
32330 USA

Zip Country
32330 USA

4. Date Incorporated or Qualified
To Do Business in Florida 11-96

5. FEI Number
59-3424333

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99-00

7. Name and Address of Current Registered Agent

Name
JACK M. WAINWRIGHT JR.

Street Address (P.O. Box Number is Not Acceptable)
7708B SYCAMORE HIGHWAY

Suite, Apt. #, Etc.

100003119361-7
-02/01/00--01120--011
****900.00 ****900.00

City
QUINCY

State Zip Code
FL 32351

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 JACK M. WAINWRIGHT JR.

REGISTERED AGENT MUST SIGN

Date 1-26-00

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
PRES	JACK M. WAINWRIGHT JR.	7708B SYCAMORE HIGHWAY	GREENSBORO, FLA 32330

LS

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: JACK M. WAINWRIGHT JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-00 850-442-6336
Date Daytime Phone #

CH2F081 (9/98)