

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 18 PM 4:09

DOCUMENT # P96000089164

1. Corporation Name

Woody Drake Advertising, Inc.

2. Principal Office Address

7708-B Sycamore Highway

3. Mailing Office Address

P. O. Box 429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greensboro, FL 32351

City & State

Greensboro, FL 32351

Zip

32351

Country

USA

Zip

32351

Country

USA

800021745168
07/23/03--01018--020 **1058.75

REINSTATEMENT

01-03

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

10-29-96

5. FEI Number

59-3424333

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jack M. Wainwright, Jr.

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

7708-B Sycamore Highway

Suite, Apt. #, Etc.

City

Greensboro

State

FL

Zip Code

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

7-18-03

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	Jack M. Wainwright, Jr.	7708-B Sycamore Hwy. Greensboro, FL 32351	Greensboro, FL 32351

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

7-15-03

Date

650-524-4289

Daytime Phone #

CR2E081 (10/02)