

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000047950

1. Corporation Name

Woody's Construction Inc

300024889373
11/20/03--01063--002 **750.00

REINSTATEMENT 03

2. Principal Office Address

5301 NW 15 St

Suite, Apt. #, etc.

Bay D-25

City & State

Margate Florida

Zip

33063

Country

Broward

3. Mailing Office Address

5301 NW 15 St

Suite, Apt. #, etc.

Bay D-25

City & State

Margate Florida

Zip

33063

Country

Broward

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

03/20/1992

5. FEI Number

65 075 6594

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

William A Stephens

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

8341 NW 45 St

Suite, Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33351

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

William A Stephens

Date 11/18/03

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	Leroy E Felt	4548 Old Carriage Tr	Oviedo / FL / 32765
VP	William A Stephens	8341 NW 45 St	Lauderhill / FL / 33351

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:

William A Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/03
Date

954-570-8563
Daytime Phone #

CR2E081 (10/02)