PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN -4 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000053957

1. Corporation Name
Woody & Jo Ann, Inc.

235 S. Orange Ave.

REINSTATEMENT 06-04

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 235 S. Orange Ave. | |
| Suite, Apt. #, etc.: Ste. 201 | Suite, Apt. #, etc. |
| City & State: Sarasota, FL | City & State |
| Zip: 34236 Country: USA | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida 06/18/1997

5. FEI Number 65-0766799 ☐ 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: Morton E. Wolverton

Street Address (P.O. Box Number is Not Acceptable): 235 S. Orange Ave.

Suite, Apt. #, Etc.: Ste. 201

City: Sarasota State: FL Zip Code: 34236

**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: X _____ Date: May 24, 2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

**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 | Morton E. Wolverton | 235 S. Orange Ave., Ste. 201 | Sarasota, FL 34236 |
| V/S/T | Jo Ann Wolverton | 524 Ketch Lane | Longboat Key, FL 34228-3720 |
| | | | |
| | | | |
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| | | | |

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**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: X _____ May 24, 2004 941-366-5443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #