


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 AUG -7 PM 1:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>PA7000076847</u>					
1. Corporation Name WOODY'S CENTRAL OF FORT MYERS, INC.					
2. Principal Office Address 1920 Boy Scout Drive Suite, Apt. #, etc.		3. Mailing Office Address 1920 Boy Scout Drive Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 09/03/97	
City & State Fort Myers, FL 33907		City & State Fort Myers, FL 33907		5. FEI Number 65-0779749 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33907	Country Lee	Zip 33907	Country Lee	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Don E. Haney					
Street Address (P.O. Box Number is Not Acceptable) 1920 Boy Scout Drive					
Suite, Apt. #, Etc.					
City Fort Myers				State FL	Zip Code 33907
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 <u>See below for signature</u> Date August 3, 2001 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	
D	Haney, Don E.	2430 McGregor Blvd.		Fort Myers, FL 33901	
D	Haney, Enneis	2430 McGregor Blvd.		Fort Myers, FL 33901	
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: <u>Don E. Haney</u>		Don E. Haney		08/03/01 (941) 997-1424	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	