

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000050387

1. Corporation Name

GARWOOD, INC.

2. Principal Office Address - No P.O. Box #

1310 W. Colonial DR

Suite, Apt. #, etc.

29

City & State

ORLANDO FL

Zip

32803

Country

ORANGE

3. Mailing Office Address

1310 W. Colonial DR

Suite, Apt. #, etc.

29

City & State

ORLANDO FL

Zip

32803

Country

ORANGE

7. Name and Address of Current Registered Agent

Name

Winston Garwood

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

17117 Heartwood Loop

Suite, Apt. #, Etc.

Winter Garden

City

Winter Garden

State

FL

Zip Code

34387

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

Winston Garwood

Date

2/26/07

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
<u>P</u>	<u>Winston Garwood</u>	<u>17117 Heartwood Loop</u>	<u>Winter Garden, FL 34787</u>

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 contained in Chapter 119, 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:

Winston Garwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/07

Daytime Phone #

407-447-4214

FILED

07 MAR -5 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800093247268
03/16/07--01009--009 **450.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

6/3/1998

5. FEI Number

59-3513518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.