

02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 DEC 19 PM 12:35

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Woodburn Investments, Inc. - P98000053812

REINSTATEMENT 02

2. Mailing Office Address

510 S. 3rd Street

Suite, Apt. #, etc.

3. Mailing Office Address

510 S. 3rd Street

Suite, Apt. #, etc.

City & State

Jacksonville Beach, Florida

City & State

Jacksonville Beach, Florida

Zip

32260

Country

USA

Zip

32250

Country

USA

4. Date Incorporation or Qualification
To Do Business in Florida

06/16/1998

5. FBI Number

693526843

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

To Do Business in Florida
To Do Business in State

7. Name and Address of Current Registered Agent

Name

Stonaburner Berry & Simmons

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

One Independent Drive

Suite, Apt. #, etc.

2000

City

Jacksonville

State

FL

Zip Code

32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 007.0905 or 017.0501, F.S.

Signature of
Registered Agent

Henry P. Woodburn III

Date: December 17, 2002

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officer or Director	Street Address of Each Officer and/or Director	City / State / Zip
P	Henry P. Woodburn, III	510 S. 3rd Street	Jacksonville Beach, FL 32260

10. I certify that I am an officer or director of the corporation or the person or persons empowered to execute this application as provided for in chapters 007 or 017, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporation meets all requirements of sections 007.0401 or 017.0401, 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 18.07(4)(b), F.S. The information contained in this application is true and accurate, and my signature shall have the same legal effect as if personally written.

SIGNATURE:

Henry P. Woodburn III

Henry P. Woodburn, III

12/17/02

904-240-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Registered Phone #

g n h 9

attn: Justin

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

WOODBURN INVESTMENTS, INC.

Certificate of Status	01
Certified Copy	0
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