PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 22/10	
APPLICATION (
FORGALA	
REINSTATEMENT	

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

SOUTHERN WOOD PRODUCTS, INC.

Principal Place of Business

Mailing Address

3435 ENTERPRISE AVENUE UNIT #36

3435 ENTERPRISE AVENUE UNIT #36

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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NAPLES FL 34104 NAPLES FL 34104		-					
if above addres	sses are incorrect in any way, line th	rough incorrect in	nformation and enter	correction below	Zaracy	'atempa	99-00
	Office Address, If Applicable		ng Office Address, If	Applicable LL L	-4. Date Incorp	orated of Qualified 2 2 7	08/11/1998
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #,	¥, etc.		5. FEI Numbe		' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
City & State City & State				_59=3	3531744	Applied For Not Applicable	
Zip	Country	Zip	Count	ry	6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and S	Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit corpor	ations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors	- '		reet Address of Each fficer and/or Director		City	/ State / Zip
Pres Y	Brian H. Beno	der.	1322 Wil	dwoodka	#6 KesBlvd	Nades, F	234104
TRES. P	olly Mullen		1332111111	woodhates	of#bvBi	Naples, F	L 34104
Sec V	alerie Vigner	2	5411 Ban	ving Ste	reet	Lehigh Acre	s,FL33971
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						****900.0	0 ****900.00
			,		_		40
	8. Name and Address of Current	Registered Age	ınt		9. Name and Address of New Registered Agent		
PENDER PONALD			n H Bender				
3760 31ST AVENUE S.W. NAPLES FL 34117			Street Address (P.O. Box Number is Not Acceptable) 3435 Enterprise We Unit #36 Suite Apt. #. Etc.				
		1			es,	F	tate Zip Code FL 34/04
 I, being apposite of Registered Agen 	ointed the registered agent of the ab	edisterio	oration, am/amiliar y	ith and accept the o	bligations of Sect	Date 2-11-	00
11. 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.							

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