

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -1 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092368

1. Corporation Name

WOODBELL ENTERPRISES, INC.

Principal Place of Business

2630 S.W. 139 AVE.
DAVIE FL 33330

Mailing Address

2630 S.W. 139 AVE.
DAVIE FL 33330

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1998

5. FEI Number

65-0875942 -

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WOODCOCK, TIM M	2630 SW 139 AVE	DAVIE FL 33330
VP	CAMPBELL, DARYL	2630 SW 139 AVE	DAVIE FL 33330

400008765954
11/01/02--01104--017 **150.00

8. Name and Address of Current Registered Agent

WOODCOCK, TIM
2630 S.W. 139 AVE.
DAVIE FL 33330

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-29-02

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02 954 424 0861

Date

Daytime Phone #

... oops computer is down

...

Daryl Campbell
Woodbell Enterprises Inc
2630 SW 139 AV
Davie FL 33330

Department of State
Division of Corporations

Dear Sirs,

I am writting this letter, as instructed,
informing you that I never recieved a
2002 form for continuance.

I am very sorry not to have realised
this and will mark my Calendar so that
it does NOT happen again
I was told on the phone to send this check for \$150 00

Kind Regards

Daryl Campbell