

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -6 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061836

1. Corporation Name *Wood Wizard of Broward, Inc.*

2. Principal Office Address
818 N.W. 45th Street

Suite, Apt. #, etc.

BAY A

City & State

OAKLAND PARK, FL

Zip
33309

Country

U.S.A.

3. Mailing Office Address
481 N.W. 36th Street

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

Zip
33309

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0932827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *JOHN CLARK*

Street Address (P.O. Box Number is Not Acceptable) *481 N.W. 36th Street*

Suite, Apt. #, Etc.

City *FORT LAUDERDALE*

State
FL

Zip Code *33309*

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date *9/30/2004*

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
<i>PP</i>	<i>JOHN CLARK</i>	<i>481 NW 36th Street</i>	<i>FT. LAUD, FL. 33309</i>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 563-7697

CR2E081 (01/04)