PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. PAGE 182 FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FOR Secretary of State **DIVISION OF CORPORATIONS** FILED DOCUMENT # P99000063683 01 APR 19 AM 11: 42 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA J. L. WOOD CREATIONS, INC. Principal Place of Business Mailing Address 435 A SE 1ST AVENUE 435 A SE 1ST AVENUE **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 3. New Mailing Office Address, If Applicable 07/12/1999 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director City / State / Zip 3 LARRY, JAMES **DELRAY BEACH FL 33444** A S.E. 1st Avenue 100004194461---05/10/01--01121--011 ****308.75 ****308.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Larry

LARRY, JAMES 435 A SE 1ST AVENUE **DELRAY BEACH FL 33444** Street Address (P.O. Box Number is Not Acceptable)

Zip Code 33444

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

Signature of Registered Agent

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RESISTERED AGENT MUST SIGN

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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I am writing this letter for review of

my seinstatement fee. As noted where applicable

my adress has changed. My previous adress of

Stayed vacent for quite some time. Last week when

I was away the notice of reinstatement was

I hand delivered to my neighbor. A time

The new resident of my old adress build it in

his mail slot. It has been sitting there about

with some other old mail. This is the reason

I did not file in time. Please accept my

apologies regarding the late filling of this

Sincerely,

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