

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 24 PH 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071000

1. Corporation Name

Woodmansee Arms, Inc.

2. Principal Office Address

149 N. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

149 N. Tamiami trail

Suite, Apt. #, etc.

City & State

Osprey FL

City & State

Osprey FL

Zip

34229

Country

Sarasota

Zip

34229

Country

Sarasota

REINSTATEMENT

03

900025327799
12/08/03--01068--011 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/26/1994

5. FEI Number

65-1018997

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

Woodmansee, Mark

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

149 N. Tamiami Trail

Suite, Apt. #, Etc.

City

Osprey

State
FL

Zip Code
34229

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

Mark Woodmansee

REGISTERED AGENT MUST SIGN

Date 12-20-03

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
PST	Mark Woodmansee	149 N. Tamiami Trail	Osprey FL 34229

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:

Mark Woodmansee

Mark Woodmansee

12-20-03

(941) 966-3630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)