

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 -6 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083447

1. Corporation Name

PHOENIX WOOD PRODUCTS, INC.

400008828824  
11/06/02--01066--005 \*\*750.00



REINSTATEMENT 02

Principal Place of Business

3761 NE 36TH AVENUE  
OCALA FL 34479

Mailing Address

3761 NE 36TH AVENUE  
OCALA FL 34479

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

09/21/1999

5. FEI Number

59-3600125

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
D	KNIGHT, BRIAN L	1008 NE 17TH TERRACE	OCALA FL 34470
D	REDRICK, STEVEN D	514 SE 8TH ST.	OCALA FL 34471
D	REDRICK, STAN Y	95th NE 5th ST	OCALA, FL 34470
D	FITZPATRICK, JOHN L	719 SE 8th ST	OCALA, FL 34471

8. Name and Address of Current Registered Agent

FUTCH, R. WILLIAM PA  
500 NW 8TH AVE  
OCALA FL 34470

9. Name and Address of New Registered Agent

Name

R William Futch

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

610 SE 17th Street

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

11/4/02

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)(l), 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  
JOHN L FITZPATRICK

10/22/02

Date

352.622.1131

Daytime Phone #

CR2E040 (6/02)