

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P99000101109

1. Corporation Name

FRED WOODS TRANSPORT INC.

00 NOV 30 AM 10:29

Principal Place of Business

8880 NE JACKSONVILLE ROAD
ANTHONY FL 32617

Mailing Address

P O BOX 163
ANTHONY FL 32617



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/15/1999	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A		5. FEI Number 31-1490862	
City & State N/A		City & State N/A		Applied For Not Applicable	
Zip Country		Zip Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FRED WOOD SR.	8880 NE J'VILLE RD	ANTHONY, FL. 32617
V.P.	ANTHONY WOODS	8880 NE J'VILLE RD.	ANTHONY, FL 32617
			700003496637--7 -12/12/00--01032--003 *****150.00 *****150.00
			700003496637--7 -12/12/00--01032--004 *****8.75 *****8.75
			h/ny

8. Name and Address of Current Registered Agent

WOODS, MAGGIE
2596 NE 86 LANE
ANTHONY FL 32617

9. Name and Address of New Registered Agent

Name
ERNEST L WOODS SR.
Street Address (P.O. Box Number is Not Acceptable)
8880 NE J'VILLE RD
Suite, Apt. #, Etc.
City
ANTHONY FL
700003496637--7
-12/12/00--01032--005
*****8.75 *****8.75
FL 32617

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.

Signature of Registered Agent

ERNEST L WOODS SR.
REGISTERED AGENT MUST SIGN

Date 10-27-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRED WOODS SR. -10-27-00 (352) 915-5868
Date Daytime Phone #

CR2E040 (800)

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Ms.Harris

I Fred Woods,Pres.of Woods Transport Inc.did not
receive the annual business report.I am asking to be
reinstated because,I did not have an opportunity to comply.

Thank you,

Fred Woods Sr.