PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS**

P99000102239 DOCUMENT

1. Corporation Name

WOODMORTGAGE.COM, INC.

2. New Principal Office Address, If Applicable

Principal Place of Business

Mailing Address

Suite, Apt. #, etc."

City & State

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

2701 MANATEE AVE. WEST

301 27TH STREET, WEST

BRADENTON FL 34205

Suite, Apt. #, etc.

City & State

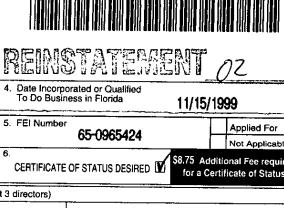
BRADENTON FL 34205

3. New Mailing Office Address, If Applicable

FILED

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SECRETARY OF STATE FALLAHASSEE. FLORIDA



			ļ					Not Applicable
Zip Country		Zip	С	ountry	6. CERTIFICATE OF STATUS DESIRED W \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Office	er and/or Director (F	orida nonprofit co	rporations must list at le	east 3 directors)		
Title(s) 1	2	Name of Office and/or Directo	ers	3	Street Address of Eac Officer and/or Directo	h	4	City / State / Zip
PSD	WOOD, DA	ANIEL W		301 27TH S	TREET, WEST		BRADENTON FL	34205
VTD	WOOD, JE	OOD, JENAN W			301 27TH STREET, WEST		BRADENTON FL 34205	
						· * * * * * * * * * * * * * * * * * * *		
						20 11/07/	000884 0201016(5342 020 **758.75
			7-1					
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
WOOD, DANIEL W 301 27TH STREET, WEST					Name Street Address (6	O Boy Number	r Not Aggentable)	
					Street Address (P.O. Box Number is Not Acceptable)			

BHADENTON FL 34205

Suite, Apt. #, Etc.

State Zip Code

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

REGISTERED 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR