FILED
02 MAY 24 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # S35356

1. Corporation Name
WOODWARD MANUFACTURING, INC.

REINSTATEMENT 00-02

2. Principal Office Address	3. Mailing Office Address
1601 N. CENTRAL	
Suite, Apt. #, etc.: 904	Suite, Apt. #, etc.
City & State: FLAGLER BEACH, FL	City & State
Zip: 32136 Country:	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3/4/91

5. FEI Number: 59-3064035 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required if a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CYRIL H.T. WOODWARD
Street Address (P.O. Box Number is Not Acceptable): 1601 N. CENTRAL AVE
Suite, Apt. #, Etc: 904
City: FLAGLER BEACH State: FL Zip Code: 32136

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***1050.00 ***1050.00

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: D L. Woodward
REGISTERED AGENT MUST SIGN
Date: 5/10/02

CR1E061 (6/01)

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
PRES	CYRIL H.T. WOODWARD	1601 N. CENTRAL AVE.	FLAGLER BEACH, FL 32136
		900.00-ADM	
		61.25-AK	
		88.75-ARSUPP	

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.

201-842-9432

SIGNATURE: D L. Woodward Pres. 5-10-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #