

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S91588

1. Corporation Name

MARK WOODBURY & ASSOCIATES, INC.

FILED

02 OCT 29 PM 2:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business

6801 NW 15TH WAY
FT LAUDERDALE FL 33309
US

Mailing Address

6801 NW 15TH WAY
FT LAUDERDALE FL 33309
US

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

11/01/1991

5. FEI Number

65-0290160

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
DP	WOODBURY, MARK	6801 NW 15TH WAY	FORT LAUDERDALE FL 33309

000008673740
10/29/02--01130--009 **150.00

WLB

8. Name and Address of Current Registered Agent

WOODBURY, MARK
6801 NW 15TH AVENUE
FORT LAUDERDALE FL 33309-1509

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	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

Mark Woodbury
REGISTERED AGENT MUST SIGN

Date

10/24/02

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)(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 Woodbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02 954) 977-9400

CR2E040 (8/02)



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ADDRESS

6801 N.W. 15TH WAY

FORT LAUDERDALE

FLORIDA 33309

TELEPHONE

800.977.9001

954.977.9000

FAX

954.977.7045

WEB SITE

www.wa-digital.com

E.MAIL

wadigital@aol.com

To whom it may concern,

We did not receive our renewal forms,
and thereby request abatement of the re-
instatement fees. Attached please find
a check for \$150.00, for the Corporate
fees.

Sincerely

A handwritten signature in black ink, which appears to read 'Mark Woodbury'.

Mark Woodbury
Woodbury & Associates.