

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 SEP 23 PM 3:32

DOCUMENT # F 21485

1. Corporation Name

Towood Inc.

2. Principal Office Address - No P.O. Box #

16 melody Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

16 Melody Dr.

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Newark Del.

City & State

Newark Del.

Zip

Country

19702

New Castle

Zip

Country

19702

New Castle

4. Date Incorporated or Qualified
To Do Business in Florida

2/27/81

5. FEI Number

59-250 2192

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

58.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lloyd L. Palmer

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

13934 Friendship Ln

Suite, Apt. #, Etc.

City

Odessa

State

FL

Zip Code

33556

200251983242
09/23/13--01061--009 **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

Lloyd L. Palmer (P)

REGISTERED AGENT MUST SIGN

Date 9/15/13

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	Lloyd L. Palmer	13934 Friendship Ln.	Odessa Fla 33556
VP/S	Richard File	16 Melody Dr.	Newark Del 19202
T	Erin Godfrey	415 Graham Dr	Clearwater Fl. 33765

10. E-mail Address: FileRichard@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Lloyd L. Palmer

Lloyd L. Palmer Pres. 9/15/13

813-731-6152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RE 9/24/13

4/20/2012 8:48 AM