

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT** \_\_\_\_\_

**DOCUMENT #** P99000021928

1. Corporation Name

**Ardon Group CAD Services , Inc**

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

**1267 SWJANETTE AVE**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PORT ST LUCIE, FL**

City & State

Zip

**34953**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida  
3-5-1999

5. FEI Number

**650895367**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
**YES**

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**MICHAEL HODGINS**

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

**1267 SW JANETTE AVE**

Suite, Apt. #, Etc.

City

**PORT ST LUCIE**

State

**FL**

Zip Code

**34953**

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

REGISTERED AGENT MUST SIGN

Date

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
P	MICHAEL HODGINS	1267 SW JANETTE AVE	PORT ST LUCIE, FL 34953
T	MICHAEL HODGINS	1267 SW JANETTE AVE	PORT ST LUCIE, FL 34953
S	ARLENE HODGINS	1267 SW JANETTE AVE	PORT ST LUCIE, FL 34953
			MAR 11 2015
			C. CARROTHERS

10. E-mail Address: **mlar55@yahoo.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:

*Michael Hodgins* **MICHAEL HODGINS**

3-4-2015

717-635-0603

Date

Daytime Phone #