

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 18 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-05
MRB

DOCUMENT # 247043

1. Corporation Name

Audco, Inc

2. Principal Office Address

7500 N Helsinki Pt.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1720

Suite, Apt. #, etc.

City & State

Dunnellon FL

Zip

Country

34433

City & State

Crystal River FL

Zip

Country

34423

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

390948455

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert McKim

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

7500 N Helsinki Pt.

Suite, Apt. #, Etc.

City

Dunnellon

State

FL

Zip Code

34433

400051085804

04/18/05--01002--023 **1200.00

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

Robert McKim

REGISTERED AGENT MUST SIGN

Date

4/18/05

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	Robert McKim	7500 N Helsinki Pt	Dunnellon, FL 34433

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.

SIGNATURE:

Robert McKim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/05

Daytime Phone #

352 492-2107

CR2E081 (01/05)