PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

03 FEB 28 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 400007

REINSTATEMENT 01-03

1. Corporation Name

Uddo Development, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
46 Jett Loop		50 Northgate Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Apopka FL 32712		Wellesley, MA	
Zip: 32712	Country: USA	Zip: 02481	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/25/72

5. FEI Number: 59-2009328 ☐ 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: Catherine Uddo

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Street Address (P.O. Box Number is Not Acceptable): 46 Jett Loop

Suite, Apt. #, Etc.:

City: Apopka | State: FL | Zip Code: 32712

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 _____ Date 2/21/03.

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P, D	Eleanor M. Uddo	50 Northgate Road	Wellesley, MA 02481
V, D	Mary Catherine Uddo	46 Jett Loop	Apopka, FL 32712
S, D	Mary Frances Uddo	P.O. Box 780614	Orlando, FL 32812
D	Mary Teresa Uddo	22709 Curle Rd.	Eustis, FL 32736
D	Joseph Uddo, III	1601 Boulder Creek Court	Apopka, FL 32702

10. I certify that I am an officer or director of 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: _____ President 2/18/03 (781) 237-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 3/3