

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 11 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 449282

1. Corporation Name

Miles S. Judah, Inc.

2. Principal Office Address

1520 W. Palmetto St.

3. Mailing Office Address

1520 W. Palmetto St.

Suite, Apt. #, etc.

Box 427

Suite, Apt. #, etc.

Box 427

City & State

Wauchula, FL

City & State

Wauchula, FL

Zip

33873

Country

USA

Zip

33873

Country

USA

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1974

5. FEI Number

591540390

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

Miles S. Judah

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

1520 W. Palmetto St.

Suite, Apt. #, Etc.

City

Wauchula

State

FL

Zip Code

33873

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

Miles S. Judah

Date

8-14-06

REGISTERED AGENT MUST SIGN

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
PD	Miles S. Judah	1520 W. Palmetto St	Wauchula, FL 33873
ST	Suzanne M. Judah	1520 W. Palmetto St	Wauchula, FL 33873

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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 contained in Chapter 119, 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.

Miles S. Judah

SIGNATURE:

Miles S. Judah

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-14-06

Daytime Phone #

863-773-4525