

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.

REINSTATEMENT 05-06

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 Country
33873 USA

Zip Country
33873 USA

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 Zip Code
FL 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.

SIGNATURE: *Miles S. Judah*

8-14-06 863-773-4525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #