

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 15 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686987

1. Corporation Name

THE JUDSON CORPORATION

2. Principal Office Address

500 BAL HARBOR BLVD.

3. Mailing Office Address

P.O. BOX 180491

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

TALLAHASSEE, FL

Zip

33950

Country

Charlotte

Zip

32318

Country

Leon

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/01/80

5. FEI Number

59-2029048

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

WILLIAM G. GRAHAM

900004658495-2

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

500 BAL HARBOR BLVD.

-10/30/01--01013--011
****750.00 ****750.00

Suite, Apt. #, Etc.

City

PUNTA GORDA

State
FL

Zip Code

33950

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**

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/12/01

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
V	GRAHAM, CAROL ANNE	500 BAL HARBOR BLVD.	PUNTA GORDA, FL 33950
ST	GRAHAM, CAROL F.	500 BAL HARBOR BLVD.	PUNTA GORDA, FL 33950
P	(deceased) GRAHAM, WILLIAM A. JR.		
V	GRAHAM, WILLIAM G.	500 BAL HARBOR BLVD.	PUNTA GORDA, FL 33950

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)(f), 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:

[Signature]

Y.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/01

Daytime Phone #

250.514.1004

CR2E081 (9/00)