

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 SEP 20 PM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 692062

1. Corporation Name

OODLES ENTERPRISES, INC.

2. Principal Office Address

P O BOX 1008

Suite, Apt. #, etc. 5015 SW

SAVAGE ST

City & State

PALM CITY FL

Zip 34991 Country USA

3. Mailing Office Address

P O BOX 1008

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip 34991 Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/26/1981

5. FEI Number

59-2119603

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 DEAN MEAD SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable)  
800 N MAGNOLIA AVE

Suite, Apt. #, Etc. SUITE 1500

City ORLANDO

State FL Zip Code 32803

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.

By: Dean, Mead, Egervon, Bloodworth, Capouano & Bozarth, P.A., its sole Member

Signature of Registered Agent BY: Michael D. Minton, VP

Date 8/31/06

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| D/P    | RUBY H. MILLER                       | P O BOX 1008                                      | PALM CITY, FL 34991 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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:

*Ruby H. Miller*

RUBY H. MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

772-464-7700

Daytime Phone #