

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 838532

1. Corporation Name

CIDCO, INC. OF SAMSON, ALABAMA

Principal Place of Business

P.O. BOX 456 1503 SKYRANCH LANE
BAKER FL 32531
US

Mailing Address

P.O. BOX 456 347 AVALON BLVD
BAKER FL 32531 DESTIN FL
US 32550



FILED
01 DEC 11 PM 4:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/03/1977

5. FEI Number

63-0622723

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VSD	SIMMONS, EDNA E E	347 AVALON BLVD	DESTIN FL 32541 32550
PTD	SIMMONS, STEVEN E	347 AVALON BLVD	DESTIN FL 32541 32550

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

MONGOVEN, WILLIAM J. Edna E
105 SOUTH 5TH ST. SIMMONS
CHIPLEY FL 32428 347 AVALON BLVD
DESTIN FL 32550

9. Name and Address of New Registered Agent

Name Edna E. Simmons
Street Address (P.O. Box Number is Not Acceptable)
347 AVALON BLVD
Suite, Apt. #, Etc.
City DESTIN State FL Zip Code 32550

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Edna E. Simmons
REGISTERED AGENT MUST SIGN

Date 12-3-01

11. 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)(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.

Edna E. Simmons VP

SIGNATURE:

Edna E. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-3-01

Date

850 6505535

Daytime Phone #

CR2E040 (8/01)