

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 24 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 14799

1. Corporation Name

Hudlett Day School & Summer
Camp Inc.

200004657752--2

-10/29/01--01080--001

****908.75 ****908.75

2. Principal Office Address

244 West Park Drive

3. Mailing Office Address

244 West Park Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

Fort Lauderdale

Zip

Country

Zip

Country

33315

USA

33315

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1981

5. FEI Number

592077210

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeff Hudlett

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

244 West Park Drive

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33315

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-23-01

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Jeff Hudlett	244 West Park Drive Fort Lauderdale, FL	33315
	Also T-S-V-D ↑		

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 807 or 817, 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 807.0401 or 817.0401, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2000 = 900.00 + 8.75 = \$908.75

Jeff Hudlett Cell Phone 954 701 2354