

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 FEB -1 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 14799

1. Corporation Name

Hudlett Day School & Summer Camp, Inc.

2. Principal Office Address - No P.O. Box #

1904 SW 4 Ave

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33315

Country

US

3. Mailing Office Address

244 W. Park Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

Zip

33315

Country

US

**REINSTATEMENT** 05-07

4. Date Incorporated or Qualified  
To Do Business in Florida

01-14-81

5. FEI Number

592077210

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 Jeff J Hudlett

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

244 W. Park Drive

Suite, Apt. #, Etc.

City Fort Lauderdale

State FL

Zip Code 33315

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Jeff J Hudlett

REGISTERED AGENT MUST SIGN

Date 01-31-07

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
Pres	Jeff Hudlett	244 W. Park Drive	Fort Lauderdale FL 33315

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:

Jeff Hudlett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Hudlett  
Date 01-31-07

Date

Daytime Phone #

9547012354