

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 26 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *F93000000651*

1. Corporation Name

F.D.E., Inc.

2. Principal Office Address

2250 Pluckebaum Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3724

Suite, Apt. #, etc.

City & State

Cocoa, FL 32926

City & State

Cocoa, FL 32924

Zip

32926

Country

USA

Zip

32924

Country

USA

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

1/26/93

5. FEI Number

16-1404059

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

Patricia Ellsworth

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

2250 Pluckebaum Rd.

Suite, Apt. #, Etc.

City

Cocoa

State
FL

Zip Code

32926

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

Patricia Ellsworth

REGISTERED AGENT MUST SIGN

Date *2/5/03*

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
<i>P/S</i>	<i>Patricia Ellsworth</i>	<i>2250 Pluckebaum Rd.</i>	<i>Cocoa, FL 32926</i>
<i>V/T</i>	<i>Floyd Ellsworth</i>	<i>2250 Pluckebaum Rd.</i>	<i>Cocoa, FL 32926</i>

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)(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:

Patricia Ellsworth *Patricia Ellsworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/03

Date

321-636-8260

Daytime Phone #