

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 JUL -2 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003534

1. Corporation Name

CADY INDUSTRIES, INC.

2. Principal Office Address

509 North King Street

3. Mailing Office Address

P.O. Box 68

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pearson, GA

City & State

Pearson, GA

Zip

31642

Country

USA

Zip

31642

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/3/93

5. FEI Number

58-2059164

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

100021270811

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Juan Beatty, Asst. Sec.
REGISTERED AGENT MUST SIGN

Date 7-1, 2003

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
CEO Dir.	Tim Tyler	509 N. King Street	Pearson, GA 31642
CFO	Jeanie Smith	509 N. King Street	Pearson, GA 31642
VP	Jeff Phelps	509 N. King Street	Pearson, GA 31642
VP	Tom Hartnett	509 N. King Street	Pearson, GA 31642
VP Dir.	Dale Heidt	509 N. King Street	Pearson, GA 31642
Dir.	Jack Glover	3150 Dominion Tower	Pittsburgh, PA 15222
Dir.	Paul Guisti	625 Liberty Avenue	Pittsburgh, PA 15222

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:

Jeanie Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanie Smith June 27, 2003 912/422-3298

Date

Daytime Phone #

CR2001 (10/02)

7/12

Division of Corporations

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*Second Time**Sent - 1st Fax**missing a signature!**4 pages total*

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FLORIDA & OFFSHORE BUSINESS FORMATION, INC.
Account Number : I20010000099
Phone : (775) 884-1357
Fax Number : (775) 882-6818

CORPORATION REINSTATEMENT

SUDANESE DEVELOPMENT INITIATIVE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$306.25

*Also includes
transmittal
with
RA charge in
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