PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

02-03

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR -3 AM 9:32
SECRETARY OF STATE
300012594793
02/17/03--01055--018 **150.00

DOCUMENT # H05124

1. Corporation Name

CAUDLE CONSTRUCTION, INCORPORATED

Principal Place of Business	Mailing Address
2680 WASSUM TR PO BOX 307 CHULUOTA FL 32766 US	~~2130 ARROWHEAD LANE~~ PO BOX 307 CHULUOTA FL 32766 US

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. P.O. Box 307

City & State CHULUOTA FL.

Zip 32766 | Country USA.

4. Date Incorporated or Qualified To Do Business in Florida 06/01/1984

5. FEI Number 59-2403581 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CAUDLE, CHARLES B.	2680 WASSUM TR	CHULUOTA FL 32766

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8. Name and Address of Current Registered Agent

CAUDLE, CHARLES B.
2680 WASSUM TR
CHULUOTA FL 32766

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 2/6/03

REGISTERED AGENT MUST SIGN

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.

407-365-9089

SIGNATURE: SIGNATURE REQUIRED 2/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAUDLE CONSTRUCTION INC.
P.O. Box 307 • Chuluota, Fl 32766
Phone: (407) 365-9089 • Fax: (407) 365-8052

CRC020090

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

To whom it may concern:

In the mail, I received your notice of Administrative dissolution or revocation for the 2002 year. I hope you can help me resolve this issue. On June 4, 2002, I mailed a check for $150.00 payable to Department of State. The check # was 12173. It evidently never made it to you. I didn't know there was a problem until I received your notice, especially since I've been in good standing with you and there has never been a problem since I incorporated in 1984, nineteen years ago.

Enclosed is another check for $150.00 for 2002. Please accept this check and re-instate me as a Corporation. As soon as I hear from you, I will send in another check for 2003 to again be current. Thank you for help in resolving this matter.

Thank you

Charles B. Caudle, President
Caudle Construction, Inc.