

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

hofz

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H05124

1. Corporation Name

CAUDLE CONSTRUCTION, INCORPORATED

Principal Place of Business

2680 WASSUM TR
PO BOX 307
CHULUOTA FL 32766
US

Mailing Address

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2403581

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 307
CHULUOTA FL
32766 USA

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

300012594793
03/03/03--01069--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAUDLE, CHARLES B.
2680 WASSUM TR
CHULUOTA FL 32766

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

2/6/03

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-365-9089

2/6/03

CR2E040 (802)

20f2

CAUDLE CONSTRUCTION INC.

P.O. Box 307 • Chuluota, Fl 32766

Phone: (407) 365-9089 • Fax: (407) 365-8052

CRC020090

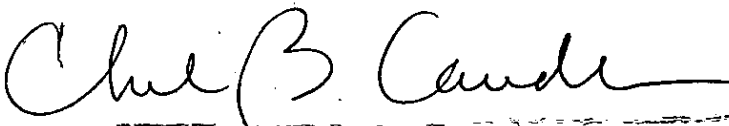
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

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.