

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT 20 PM 1:08

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H19774

1. Corporation Name

Dodge Country, Inc.

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

1048 Edgewater Lane

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

Zip

32563

Country

United States

3. Mailing Office Address

1048 Edgewater Lane

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

Zip

32563

Country

United States

200161941832  
10/20/09--01004--025 \*\*1050.00  
CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 09/06/1984

5. FEI Number  
59-2446608

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  
F. Philip Blank

Street Address (P.O. Box Number is Not Acceptable)  
Blank & Meenan, P.A.

Suite, Apt. #, Etc.  
204 S. Monroe Street

City  
Tallahassee

State Zip Code  
FL 32301

☐ 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

*[Signature]*

Date October 12, 2009

REGISTERED AGENT MUST SIGN

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
PD	Clayton H. Russell	1048 Edgewater Lane	Gulf Breeze, FL 32563

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clayton H. Russell

10/12/2009

Date

(850) 934-1444

Daytime Phone #