

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE
AND
FILED

96 AUG 30 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 469878
A.K. Hudson Builders, Inc.
P.O. Box 13145
N. Palm Beach, FL 33408

2. If Address in Block 1 is incorrect in any way, enter the correct address below

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

8/95

5. FEI Number

59-2558756

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Alfred K Hudson	6085 Wolfe Street Palm Bch Gard. FL 33418	300001340063 -09/05/96--01083--025 ***1542.50 ***1542.50
V. Pres	Kerie Hudson	6085 Wolfe Street Palm Bch, FL 33418	300001340063 -09/05/96--01083--026 *****8.75 *****8.75
Sec	Gaspar J. Gaspar	6701 Mallards Cove #44-C Jupiter, FL 33458	

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Kerie B. Hudson
6085 Wolfe St
Pbch Gardens, FL 33418

9. Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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.

Signature of Registered Agent

Kerie B Hudson

REGISTERED AGENT MUST SIGN

Date

8-27-96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director

Kerie B Hudson

Date

8-27-96 Daytime Phone # (407) 842-1345

Typed or printed name of signing officer or director

Kerie B. Hudson, vice Pres.

CP2E040 (8/92)