

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J31302

1. Corporation Name

EDIXON ENGINEERING, INC.

Principal Place of Business

Mailing Address

% WILLIAM J. EDIXON
4148 "B" CORPORATE SQ.
NAPLES FL 34104
US

% WILLIAM J. EDIXON
4148 "B" CORPORATE SQ.
NAPLES FL 34104
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

9001 HIGHLAND WOODS BLVD

Suite, Apt. #, etc.

UNIT # 3

City & State

Bonita Springs, FL

Zip

34135

Country

USA

3. New Mailing Office Address, If Applicable

9001 HIGHLAND WOODS BLVD

Suite, Apt. #, etc.

UNIT # 3

City & State

Bonita Springs, FL

Zip

34135

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/1986

5. FEI Number

59-2734975

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	EDIXON, WILLIAM J.	4148 "B" CORPORATE SQ.	NAPLES FL
S	EDIXON, LISA	4148 "B" CORPORATE SQ.	NAPLES FL
P	EDIXON, WILLIAM J.	3330 31ST AVE. S.W.	NAPLES, FL. 34117
S	EDIXON, LISA	3330 31ST AVE SW	Naples, FL. 34117
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8. Name and Address of Current Registered Agent

EDIXON, WILLIAM J.
4148 "B" CORPORATE SQ.
NAPLES FL 34104

9. Name and Address of New Registered Agent

Name

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

3330 31ST AVE SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

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

William J. Edixon
REGISTERED AGENT MUST SIGN

Date

9/19/01

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:

William J. Edixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

Date

9/19/01

Daytime Phone #

941-643-0030

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT

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