

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

01 DEC 26 PM 2:04

DOCUMENT # K29080

1. Corporation Name

The Roddy Corporation

2. Principal Office Address

332 South County Road

Suite, Apt. #, etc.

City & State

Palm Beach FL

Zip

3480

Country

US

3. Mailing Office Address

180 Royal Palm Way

Suite, Apt. #, etc.

Suite 201

City & State

Palm Beach, FL

Zip

33480

Country

US

REINSTATEMENT 01

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/25/1988

5. FEI Number

65-0069640

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

Reginald G. Stambaugh, Esq.

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

180 Royal Palm Way - Suite 201

Suite, Apt. #, Etc.

Suite 201

City

Palm Beach,

State

FL

Zip Code

33480

4000004765624--0
-01/10/02--01078--021
****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

Date December 19, 2001

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
PSD	Charles T. Roddy	332 South County Road	Palm Beach, FL 33480
AS	Reginald G. Stambaugh	180 Royal Palm Way #201	Palm Beach, FL 33480

01/17

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)