

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 17 PM 1:19

DOCUMENT # K57535

1. Corporation Name

Business Valuation & Development Associates, Inc.

2. Principal Office Address

12700 Whitby Street

Suite, Apt. #, etc.

3. Mailing Office Address

12700 Whitby St.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0092980

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

John F. Hodgdon, Jr., President

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

12700 Whitby St.

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

*John F. Hodgdon, Jr.*  
REGISTERED AGENT MUST SIGN

Date 12/12/01

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
President	John F. Hodgdon, Jr.	12700 Whitby St.	Wellington, FL 33414
Chairman	"	"	"

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:

*John F. Hodgdon, Jr.* John F. Hodgdon, Jr., President

Date

Daytime Phone #

12/12/01 (561) 795-2499

CR25001 (2/00)