

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 15 AM 9:17

DOCUMENT # L03000020722

1. Corporation Name

THE ORANGE DIPPER, LLC

2. Principal Office Address

6745 Manatee Avenue W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34209

Country

Manatee

3. Mailing Office Address

6745 Manatee Avenue W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34209

Country

Manatee

100062203461

12/15/05--01049--008 \*\*200.00

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/2003

5. FEI Number

86-1068193

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

BLALOCK, WALTERS, HELD & JOHNSON, P.A.

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

802 11th STREET WEST

Suite, Apt. #, Etc.

City

BRADENTON,

State

FL

Zip Code

34205

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

*Matthew Klee Vice President*

Date 12/14/05

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
M	Emory Mixon	7282 55th Avenue E #167 Bradenton, FL 34203	
M	Eugene A. Mixon	3412 10th Lane West Palmetto, FL 34221	

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:

*Eugene A. Mixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 713-8088

12/14/05

Date

Daytime Phone #