

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M 31763**

1. Corporation Name

CUDLIPP CONSTRUCTION COMPANY INC

2. Principal Office Address

12865 WEST DIXIE HWY

Suite, Apt. #, etc.

101

City & State

NORTH MIAMI

Zip

33161

Country

USA

3. Mailing Office Address

SAMS

Suite, Apt. #, etc.

City & State

REINSTATEMENT 99-03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592669023

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

MICHAEL P. CUDLIPP, ESQ

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

12865 WEST DIXIE HWY

Suite, Apt. #, Etc.

101

City

NORTH MIAMI

State

FL

Zip Code

33161

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 **6/24/03**

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
PRES	MICHAEL P. CUDLIPP	12865 WEST DIXIE HWY	NORTH MIAMI, FL 33161
SEC	ANGELA CUDLIPP	"	"

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:

MICHAEL P. CUDLIPP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/24/03
Date

351-899-6131
Daytime Phone #

CH2E081 (10/02)

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