

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000006477

1. Corporation Name

JUDOS, Inc.

W09 — 41590

2. Principal Office Address - No P.O. Box #
112 Santee Dr.

3. Mailing Office Address
P.O. Box 35154

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Panama City, FI

Zip
32404

Country
U.S.

Zip
32412-5154

Country
U.S.

700160686307
09/15/09--01032--006 **192.50
REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 6/16/2006

5. FEI Number
86-0752793

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
Tammy D. Anderson

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

Suite, Apt. #, Etc.

City
Panama City

State
FL

Zip Code
32404

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 9-14-09

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
Pres.	Chandra Tyson	112 Santee Dr.	Panama City, FI 32404
Vice Pres.	Myron Guilfords	112 Santee Dr.	Panama City, FI 32404
Public Relations	Leigh Ann Strickland	112 Santee Dr.	Panama City, FI 32404
Treas.	Jeannie Saffold	112 Santee Dr.	Panama City, FI 32404
Sec.	Valerie Smith	112 Santee Dr.	Panama City, FI 32404
Executive Director	Tammy Anderson	112 Santee Dr.	Panama City, FI 32404

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 contained in Chapter 119, 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

9-14-09

Daytime Phone #

29/29