

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 DEC 26 PM 3: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N95000004467

1. Corporation Name

CHAUDRON ROAD CORPORATION

2. Principal Office Address

9800 N. BARTH RD.

Suite, Apt. #, etc.

3. Mailing Office Address

9800 N. BARTH RD.

Suite, Apt. #, etc.

City & State  
MOLINO, FL 32577

City & State  
MOLINO, FL 32577

Zip  
32577

Country  
USA

Zip  
32577

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/19/95

SP

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 96-00

7. Name and Address of Current Registered Agent

Name

GLENN E. MILSTEAD

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

9800 N. BARTH RD.

Suite, Apt. #, Etc.

City  
MOLINO

State  
FL

Zip Code  
32577

300003529789 -- S

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\*\*\*\*490.00 \*\*\*\*490.00

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

*Glenn E. Milstead*

Date 12/22/00

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
PD	GLENN E. MILSTEAD	9800 N. BARTH RD,	MOLINO, FL 32577
VD	SHARON R. MILSTEAD	9800 N. BARTH RD.	MOLINO, FL 32577
STD	NATALIE BETH MILSTEAD	9750 N. BARTH RD.	MOLINO, FL 32577

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.

GLENN E. MILSTEAD

SIGNATURE:

*Glenn E. Milstead*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/00

Date

(850) 587-5074

Daytime Phone #

CR2E081 (9/99)