

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
Division of Corporations

FILED

02 OCT 29 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059729

1. Corporation Name

BADENCORP, INC.

Principal Place of Business

101 SUNNYTOWN RD STE 208
CASSELBERRY FL 32806

Mailing Address

101 SUNNYTOWN RD STE 208
CASSELBERRY FL 32806

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 32707

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip 32707

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/2001

5. FEI Number

75-2409273

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LANE, JONATHAN B	101 SUNNYTOWN RD STE 208	CASSELBERRY FL 32806

8. Name and Address of Current Registered Agent

DAVEY, CATHERINE E
159 LOOKOUT PL STE 101
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name

Jonathan B. Lane

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

101 Sunnytown Rd Ste 208

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

11. 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:

SIGNATURE REQUIRED

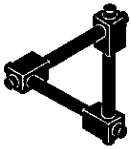
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/02

Daytime Phone #

407-260-2777



BADENCORP

the 3D computing solution

October 21, 2002

To Whom it may concern,

I just received a "Notice of Administrative Dissolution or Revocation" from you. Having never seen this form before, I immediately called my accountant Gene O'Baker and asked if he was delinquent in filing this form on behalf of BADENCORP. He advised me that he has had many clients this year in particular who have had this very same problem. He nor I, have never received any previous notices to submit this report. We keep impeccable files of all forms required to do business in a variety of states. I find it very unlikely that something of this magnitude would be overlooked. I called your 850-245-6059 number and heard your message about what to do if this situation arises. Since it was the first message on your system, I have to assume it occurs quite frequently. I have enclosed a check for the \$150 dollars although I would hope to have it refunded quickly since I nor my accountant never received any notification for request of this document.

Thank You,

Jonathan Lane

President BADENCORP.

CATIA

Consulting

CDM

Installation

Programming

Implementation

Training

Solid Modeling

3D Design

2D Drafting

FEA Mesh

Complex
Surfacing

Rapid
Prototyping

NC

Schematics

Piping