


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

191

**CORPORATION REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 NOV -3 PM 1:25

DOCUMENT # PD2000009917

1. Corporation Name  
Steve Cole C.D.T., Inc

000023524410  
10/03/03--01007--004 \*\*150.00

2. Principal Office Address  
180 South Cherry St  
Suite, Apt. #, etc. Suite E  
City & State Monticello  
Zip 32344 Country Jefferson

3. Mailing Office Address  
180 South Cherry Street  
Suite, Apt. #, etc. Suite E  
City & State Monticello  
Zip 32344 Country Jefferson

4. Date Incorporated or Qualified To Do Business in Florida 10/3/03 01007 004 150.00

5. FEI Number 59-2532106 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 Cathy Cole

Street Address (P.O. Box Number is Not Acceptable) 654 Bissett Dairy Rd.

Suite, Apt. #, Etc.

City Monticello State FL Zip Code 32344

000023524410  
11/12/04--01069--017 \*\*150.00

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 Cathleen Cole Date 10-31-04

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
P.	Steve Cole	654 Bissett Dairy Road	Monticello, FL 32344
V.P.	Cathy Cole	654 Bissett Dairy Road	Monticello, FL 32344

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: [Signature] President STEVEN COLE Date 10-31-04 Daytime Phone # 950-997-1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2081 (01/04)

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October 30, 2004

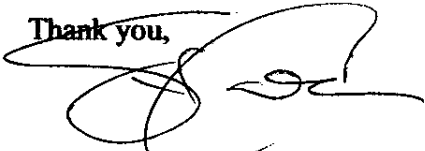
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Eula Peterson

Dear Ms Peterson;

Thank you for your help on the phone. We are enclosing a check for the requested \$150.00. As per our conversation October 27, 2004, our Corp. was dropped due to an error on the 2003 form although the 2003 fee was paid by check #1010. Please reinstate Steve Cole C.D.T., Inc. to corporate status.

Thank you,



Steve Cole C.D.T., Inc.  
180 South Cherry Street  
Suite E  
Monticello, FL 32344  
Phone: (850) 997-1121  
FAX: (850) 997-2221  
Document #P02000009917