

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 MAY 22 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700103043047  
05/22/07--01054--010 \*\*1050.00

**REINSTATEMENT** 05-07

DOCUMENT # P02000025149

1. Corporation Name

**Caudill Enterprise, Inc.**

2. Principal Office Address - No P.O. Box #  
2843 US 19

3. Mailing Office Address  
2843 US 19

Suite, Apt. #, etc.  
Units N & P

Suite, Apt. #, etc.  
Units N & P

City & State  
Holiday, FL

City & State  
Holiday, FL

Zip Country  
34691 USA

Zip Country  
34691 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 3/7/02

5. FEI Number 03-0399095  
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 Eileen M. Rector /Rector & Assoc. Inc.

Street Address (P.O. Box Number is Not Acceptable)  
12417 Hitching Post Ln

Suite, Apt. #, Etc.

City State Zip Code  
Bayonet Point FL 34667

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 Eileen M. Rector  
REGISTERED AGENT MUST SIGN

Date 5-14-2007

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	Caudill, Pamela	7608 Cypress Knee Dr	Hudson, FL 34667
VSTD	Caudill, Victor	7608 Cypress Knee Dr	Hudson, FL 34667

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: x Pamela Caudill Pamela Caudill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/07 <sup>(727)</sup> 861-1566  
Date Daytime Phone #