

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

12/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 10 PM 3:52

DOCUMENT # P02000027233

**1. Corporation Name**

CDA of Old Town, Inc

**2. Principal Office Address**

Highway 349 South

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 131

Suite, Apt. #, etc.

**City & State**

Old Town, FL

**City & State**

Old Town, FL

**Zip**

32680

**Country**

U.S.A.

**Zip**

32680

**Country**

U.S.A.

**REINSTATEMENT** 03-05

CR2E081 (8/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/08/2002

**5. FEI Number**

71-0871597

☐ 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

David Cassidy

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

Highway 349 South

Suite, Apt. #, Etc.

City

Old Town

State

FL

Zip Code

32680

**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

David Cassidy

Date

11-7-05

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	David Cassidy	Highway 349 South	Old Town, FL 32680

000061342660

11/10/05--01037--006 \*\*450.00

**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:**

David Cassidy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-7-05

Daytime Phone #

2012



**BEAUCHAMP  
&  
EDWARDS, P.A.**  
Certified Public Accountants

Robert J. Beauchamp, CPA  
Daryl L. Edwards, CPA  
Jeffrey D. Beauchamp, CPA

*Address:*  
105 E. Park Avenue  
P.O. Box 1777  
Chiefland, FL 32644

*Phone*  
(352) 493-4808  
Fax (352) 493-7107

*E-mail*  
b&ecpas@svic.net

*Members:*  
American Institute of  
Certified Public  
Accountants

Florida Institute of  
Certified Public  
Accountants

November 3, 2005

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

Re: CDA of Old Town, Inc

Dear Director,

Please find enclosed the corporation reinstatement forms along with a check for the proposed fees of \$450. I ask that you not assess a reinstatement fee of \$600 for the following reasonable cause. The attorney that filed the articles of incorporation gave the physical address as the mailing address. That address has never been used as a mailing address and has never had a mailbox of any kind there to receive mail. Therefore, the forms for the corporate annual report were never received and the corporation had no way to know that the fee was due.

Please call if I can be of further assistance in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Jeffrey D. Beauchamp', written over a horizontal line.

Jeffrey D. Beauchamp  
Certified Public Accountant