

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 FEB -7 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000043271

1. Corporation Name R Peaden, Inc.

2. Principal Office Address - No P.O. Box #

2307 Santy Williams Rd
Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 490971
Suite, Apt. #, etc.

City & State

Leesburg FL

Zip 34748 Country Lake

City & State

Leesburg FL

Zip 34749 Country Lake

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-2002

5. FEI Number

41-2060875

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
Veronica C. Peaden

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

1801 Harcourt Dr.

Suite, Apt. #, Etc.

City
Leesburg

State

FL

Zip Code

34748

☒ 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 Veronica C. Peaden Veronica C. Peaden

REGISTERED AGENT MUST SIGN

Date 1-30-08

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	Boyce T. Peaden	1801 Harcourt Drive	Leesburg FL 34748
VP	Veronica C. Peaden	1801 Harcourt Drive	Leesburg FL 34748

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: Veronica C. Peaden Veronica C. Peaden 1-30-2008 352-2167-3079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell FEB 7 2008