

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 AUG -9 AM 9:46

DOCUMENT # P02000054131

1. Corporation Name

MUDODON, INC.

REINSTATEMENT

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
3229 S JOHN YOUNG PKWY

3. Mailing Office Address
3229 S JOHN YOUNG PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

Zip
34741

Country
USA

Zip
34741

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/2002

5. FEI Number
03-0458097

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
DON JOHNSON

Street Address (P.O. Box Number is Not Acceptable)
3229 S JOHN YOUNG PKWY

Suite, Apt. #, Etc.

City
KISSIMMEE

State
FL

Zip Code
34741

☒ 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

Date

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
D	DON JOHNSON	3229 S JOHN YOUNG PKWY	KISSIMMEE, FL 34741
D	CHERYL L JOHNSON	3229 S JOHN YOUNG PKWY	KISSIMMEE, FL 34741

200107609552
08/09/07--01026--004 **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 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:

Don Johnson DON JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/2007

Date

407-846-8686
Daytime Phone #