

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000089434**

1. Corporation Name

**THE DOUDNEY COMPANIES, INC.**

Principal Place of Business

1496 SOUTHWIND DR.  
CASSELBERRY FL 32707

Mailing Address

1496 SOUTHWIND DR.  
CASSELBERRY FL 32707

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/16/2002**

5. FEI Number

**35-2178690**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DOUDNEY, DAVID A	1496 SOUTHWIND DR.	CASSELBERRY FL 32707

**500024055825**  
10/23/03--01093--004 \*\*150.00

8. Name and Address of Current Registered Agent

DOUDNEY, DAVID A  
1496 SOUTHWIND DR.  
CASSELBERRY FL 32707

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*David A. Doudney*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **21 Oct 03**

11. 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 A. Doudney*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**21 Oct '03**  
Date

**407-322-1451**  
Daytime Phone #

# DOUDNEY COMPANIES, INC.

*Professional Surveyors and Mappers*

P. O. BOX 266

SANFORD, FLORIDA 32772-0266

PHONE: (407)322-1451 FAX: (407)322-1495

E-MAIL: Doudneysur@aol.com

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327


Dear Sir:

Accompanying this letter is a completed Corporation Reinstatement form and a check in the amount of \$150.00.

I was not notified nor received any prior uniform business report notices for the Doudney Companies, Inc.

I appreciate your attention to this matter.

Very truly yours,



David A. Doudney, Director/Registered Agent  
Doudney Companies, Inc.