

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 # P02000125231

1. Corporation Name

C.D. & T. INC.

Principal Place of Business

Mailing Address

~~101 TWIN LAKE ROAD DRIVE
INTERLACHEN FL 32140~~

~~101 TWIN LAKE ROAD DRIVE
INTERLACHEN FL 32140~~

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

2. New Principal Office Address, If Applicable

109 Macon Rd.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

109 Macon Rd

Suite, Apt. #, etc.

City & State

Palatka, Florida

Zip

32177

Country

USA

City & State

Palatka, Florida

Zip

32177

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/25/2002

5. FEI Number

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CONNER, JAMES	101 TWIN LAKE ROAD DRIVE	INTERLACHEN FL 32140
DP DV	DUCK, CHARLES	109 MACON ROAD	PALATKA FL 32177
DP DP	DUCK, TINA	109 MACON ROAD	PALATKA FL 32177
DP	CONNER, DIANA L	101 TWIN LAKE ROAD DRIVE	INTERLACHEN FL 32140

000024091910
10/24/03--01067--011 **150.00

8. Name and Address of Current Registered Agent

~~CONNER, JAMES~~

~~101 TWIN LAKE ROAD DRIVE~~

~~INTERLACHEN FL 32140~~

9. Name and Address of New Registered Agent

Name

Tina Marie Duck

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

109 Macon Rd

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32177

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

Tina Marie Duck

REGISTERED AGENT MUST SIGN

Date 10-22-03

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:

Tina Marie Duck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

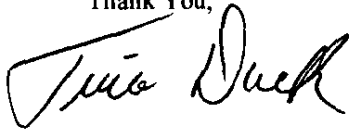
10-22-03 386-328-0740
Date Daytime Phone #

CR2040 (7/03)

To Whom it may concern,

CD&T did not receive a 2003 Uniform Business Report. We are sending 150.00 for reinstatement.

Thank You,

A handwritten signature in black ink, appearing to read "Tina Duck". The signature is written in a cursive, flowing style with a large initial "T".

Tina Duck