

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804000144897

1. Corporation Name

OEDIPUS FINANCING, INC

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

1401 RIVERPLACE BLVD

Suite, Apt. #, etc.

1405

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

3. Mailing Office Address

1401 RIVERPLACE BLVD

Suite, Apt. #, etc.

1405

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

7. Name and Address of Current Registered Agent

Name

SCHUYLER ELLIOT

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

9310 OLD KINGS RD S 9406 WEXFORD RD.

Suite, Apt. #, Etc.

1601

City

JACKSONVILLE

State

FL

Zip Code

32257

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

REGISTERED AGENT MUST SIGN

Date

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	SCHUYLER ELLIOT	9310 OLD KINGS ROAD 1601	JACKSONVILLE, FL 32257
D	JAMES M BASINGER	1401 RIVERPLACE BLVD 1405	JACKSONVILLE, FL 32207

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:

James M. Basinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/08

Daytime Phone #

4044564605

FILED

08 SEP 25 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (12/07)

07-08

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/2004

5. FEI Number

20-1777908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.