

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -1 AM 10:28

TALLAHASSEE, FLORIDA

DOCUMENT #705000154781

1. Corporation Name

SAVANNAH Flood Protection, INC.

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

3567 91ST ST N

3. Mailing Office Address

3567 91ST ST N

Suite, Apt. #, etc.

Suite #4

Suite, Apt. #, etc.

Suite #4

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

Zip

33403

Country

USA

Zip

33403

Country

USA

000181571720
06/01/10--01066--008 **300.00
REINSTATEMENT 09-10
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/05

5. FEI Number

59-2701135

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

DUDASH, DENNIS

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

937 AUGUSTA POINT DR

Suite, Apt. #, Etc.

City

PALE BEACH GARDENS

State

FL

Zip Code

33418

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/26/10

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
PST	DUDASH, BARBARA	937 AUGUSTA POINT DR PALE BEACH GARDENS, FL	33418
VP	DUDASH, PATRICK	937 AUGUSTA POINT DR	PALE BEACH GARDENS, FL
VP	DUDASH, DENNIS	"	" 33418
VP	KENNEDY, EUGENE	3567 91 ST ST N, #4	LAKE PARK, FL 33403

10. E-mail Address: KELLEY@SAVANNAHTRIMS.COM

(To be used for future annual report notification)

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. I further certify, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/10 561
6562556

Date

Daytime Phone #

6/30