

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 14 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050995

1. Corporation Name

JERRY R BUDD, INC.

4531 ALDERMAN RD
4531 ALDERMAN RD

2. Principal Office Address

4531 ALDERMAN RD

Suite, Apt. #, etc.

3. Mailing Office Address

4531 ALDERMAN RD

Suite, Apt. #, etc.

City & State

BOWLING GREEN, FL

City & State

BOWLING GREEN, FL

Zip

33834

Country

Zip

33834

Country

4. Date Incorporated or Qualified

To Do Business in Florida 0705/1994

5. FEI Number

65-0508646

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

JERRY R. BUDD

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

4531 ALDERMAN RD

Suite, Apt. #, Etc.

City

BOWLING GREEN, FL

State

FL

Zip Code

33834

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

Jerry R. Budd
REGISTERED AGENT MUST SIGN

Date

10/8/07

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
PD	JERRY R. BUDD	4531 ALDERMAN RD	BOWLING GREEN, FL 33834
DST	LYDIA BUDD	4531 ALDERMAN RD	BOWLING GREEN, FL 33834

100041954251
10/18/04--01102--019 **450.00

REINSTATEMENT 02-07

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry R. Budd

Date

10/8/07

Daytime Phone #

863-773-2863

CR2E081 (01/04)

Manley & Associates, CPA's, P.A.

203 South Seventh Avenue, Wauchula, Florida 33873

863.773.6768 Fax: 863.773.4578

Certified Public Accountants

October 13, 2004

Florida Department of State
P O Box 6327
Tallahassee, FL 32314

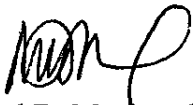
Dear sir or madam,

Following is a reinstatement form for Jerry R. Budd, Inc.

The officers and registered agent cannot explain why the forms were not filed. Confusion related to office changes and relocations and office employee changes might be the answer. However, the lack of filing the forms was an innocent oversight of the company. We respectfully request the reinstatement fee of \$600.00 be waived and the enclosed check be accepted for the reinstatement. We apologize for the inconvenience caused by this innocent oversight.

Thank you for your consideration in this matter.

Sincerely yours,



Michael D. Manley, CPA