

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -2 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

000029021380
03/02/04--01057--002 **300.00

WOP

000029021380
02/18/04--01034--021 **300.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3271930 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

DOCUMENT # PA4000071426

Corporation Name
Russell Beaudoin Ind. Inc.

2. Principal Office Address <u>1020 S. Belfast Place</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1020 S. Belfast Place</u> Suite, Apt. #, etc.	
City & State <u>Chuluota Florida</u>		City & State <u>Florida</u>	
Zip <u>32766</u>	Country <u>USA</u>	Zip <u>32766</u>	Country <u>USA</u>

7. Name and Address of Current Registered Agent

Name Russell Beaudoin

Street Address (P.O. Box Number is Not Acceptable)
1020 South Belfast Place

Suite, Apt. #, Etc.

City Chuluota Fl. State FL Zip Code 32766

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 Russell Beaudoin Date 2-10-04

REGISTERED AGENT MUST SIGN

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
<u>President</u>	<u>Russell Beaudoin</u>	<u>1020 S. Belfast Place</u>	<u>Chuluota Fl. 32766</u>

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: Russell Beaudoin Date 2-10-04 Daytime Phone # 407 971-0137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)