

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 FEB 14 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # p94000083173

1. Corporation Name

piedlow, inc.

700066216797  
02/20/06--01081--004 \*\*300.00

2. Principal Office Address

1687 misty lake drive

Suite, Apt. #, etc.

3. Mailing Office Address

1687 misty lake drive

Suite, Apt. #, etc.

City & State

orange park, fl

City & State

orange park, fl

Zip

32073

Country

usa

Zip

32073

Country

REINSTATEMENT CR2E081 (12/05) 05-06

4. Date incorporated or Qualified To Do Business in Florida

11/15/1994

5. FSI Number

593278176

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

eric piedlow

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

1687 misty lake drive

Suite, Apt. #, Etc.

City

orange park

State

FL

Zip Code

32073

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

*Eric Piedlow*

REGISTERED AGENT MUST SIGN

Date

2/6/2006

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
p	eric piedlow	1687 misty lake drive	orange park, fl 32073
		<i>[Signature]</i>	

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:

*Eric Piedlow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 954 680 7759

Date

Daytime Phone #

OUR MAILING ADDRESS CHANGED AND WE DID NOT RECEIVE THE RENEWAL NOTICE.

THANKS

*Eric Padlow*

PRESIDENT

\$300

\$150 2005

\$150 2006