

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95060056175

1. Corporation Name

ARMADILLO PARTNERS, INC.

200008943922
11/12/02--01131--016 **308.75

2. Principal Office Address

4614 SW 64TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4614 SW 64TH AVE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

Zip

33314

Country

USA

Zip

33314

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/19/95

5. FEI Number

05-1064946

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

JAMES RAY CLODFELTER

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

1310 MANOR COURT

Suite, Apt. #, Etc.

City

WESTON

State
FL

Zip Code

33326

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 11/1/02

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/S/D	JAMES RAY CLODFELTER	1310 MANOR COURT	WESTON, FL 33326

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]

JAMES RAY CLODFELTER 11/1/02 (954) 389-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ARMADILLO PARTNERS, INC.
ARMADILLO SQUARE
4614 SW 64TH AVE.
DAVIE, FL 33314
(954) 792-8999**

November 5, 2002

**Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314**

Re: ARMADILLO PARTNERS, INC. DOC # P95000056175

Dear Dept. of State:

Please find enclosed a check in the amount of \$ 308.75, representing the 2001 and 2002 annual fees and a certificate of status fee. The renewal report for the year 2001 was never received at our office; therefore not timely filed. We also did not receive a 2002 report.

Thank you for your kind attention to this matter.

Sincerely,



**James Ray Clodfelter, President
Armادillo Partners, Inc.**