PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 APR 30 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95000062249 (4)

1. Corporate Name:
RISDON & COMPANY, INC.

Principal Office Address:
540 DOUGLAS AVE
ALTAMONTE SPRINGS,
FL. 32714

Mailing Address:
361 WINCHESTER PLACE
LONGWOOD, FL
32779

If above address is incorrect in any way, list through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
State, Apt. #, etc.
City & State
Zip
County

3. New Mailing Office Address, If Applicable
State, Apt. #, etc.
City & State
Zip
County

4. Date Incorporated or Qualified To Do Business in Florida: 8/11/95

5. FEI Number: 59-3341689 — Applied For / Not Applicable

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

7. Name and Street address of Each Officer And/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	ALBERT L. RISDON	361 WINCHESTER PLACE	LONGWOOD, FL 32779

300002513763--6
-05/06/98--01094--006
****515.00 ****515.00
300002513763--6
-05/06/98--01094--007
****535.00 ****535.00

REINSTATEMENT 96.98 4-30-98 SL

8. Name and Address of Current Registered Agent
ALBERT L. RISDON
361 WINCHESTER PLACE
LONGWOOD, FL 32779

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State: FL
Zip Code

10. I hereby appointed the registered agent of the above named corporation and familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Albert L. Risdon — REGISTERED AGENT MUST SIGN
ALBERT L. RISDON
Date: 4/29/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

I hereby 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 upon 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(4)(d), 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: Albert L. Risdon - President 4/29/98 (407)682-7002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALBERT L. RISDON - PRESIDENT