

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *pg 182*

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027245

1. Corporation Name

LOUDON CORP.

Principal Place of Business

Mailing Address

9608 NW 80TH AVE
BAY 100
HIALEAH GARDEN FL 33016
US

9608 NW 8TH AVE
BAY 100
HIALEAH GARDENS FL 33016
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1996

5. FEI Number

65-0660559

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses 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	City / State / Zip
1	2	3	4
DP	CINARS, JUANA	8323 SW 137 AVE	MIAMI FL 33183

800004579318--1
-09/11/01--01001--014
****900.00 ****900.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REYNA, PABLO F
8323 SW 137 AVE
MIAMI FL 33183

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Signature of
Registered Agent

Pablo Reyna
REGISTERED AGENT MUST SIGN

Date

8/31/01

11. 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:

Juanita
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01

Date

Daytime Phone #

(305) 556-1444

CR2E040 (8/00)

Loudon Corp.
9808 N.W. 80th Av., Bay 10-Q
Hialeah Gardens, FL 33016

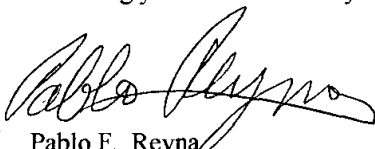
August 10, 2001

Ms. Susan Payne
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Payne:

The reason for the following letter is to inform you that upon reviewing our files, we became aware that our corporation (Loudon Corp. / P96000027245) has been inactive for 2 or 3 three years. Our former bookkeeper never informed of of this problem and we assumed he was filing all the proper papers on time. It was after he left that we found out about this problem. For this reason, we respectfully request to have any penalties waived and have the corporation reinstated. Should you have any questions, feel free to contact me at (305)989-4312.

Thanking you in advance for your prompt attention to this matter,


Pablo F. Reyna
Registered Agent

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