

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 07 11:09

DOCUMENT # P96000079723

1. Corporation Name LADD & SON INC.

2. Principal Office Address

165 CARSWELL AVE

Suite, Apt. #, etc.

City & State

HOLLY HILL FL

Zip

32117

Country

USA

3. Mailing Office Address

165 CARSWELL AVE

Suite, Apt. #, etc.

City & State

HOLLY HILL FL

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida.

9/29/1996

5. FEI Number

59-3417164

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

CHRISTOPHER P. LADD

500004765505-0

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

165 CARSWELL AVE.

Suite, Apt. #, Etc.

City

HOLLY HILL

State

FL

Zip Code

32117

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

C. Ladd

Date 11/25/01

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 |
|-----------|--------------------------------------|---|--------------------|
| PRESIDENT | CHRIS LADD | 165 CARSWELL AVE | HOLLY HILL FL |
| SECRETARY | CHRIS J. LADD (SON) | 165 CARSWELL AVE | HOLLY HILL FL |
| | | | |
| | | | |
| | | | |
| | | | |

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:

CHRISTOPHER P. LADD

C. Ladd

Date

11/25/01

Daytime Phone #

904 239-6755

DO NOT REMOVE!

222

~~I NEVER RECEIVED ANY NOTICE~~

~~TO RENEW MY CORP. FEES.~~

~~I KNOW ITS NOT A VALID
EXCUSE BUT IF YOU COULD
GIVE ME ANY KIND OF
CREDIT. I HAVE HAD THIS
COMPANY SINCE 1996 AT
THIS SAME LOCATION~~

LADD + SON INC.

165 CARSWELL AVE.

HOLLY HILL, FL. 32117

SEND ANY FUTURE NOTICES
+ TAX DOCUMENTS TO THIS
ADDRESS PLEASE!

~~THANK YOU VERY MUCH~~
+ SEND REINSTATEMENT
DOCUMENT ASAP.

CHRIS LADD
C 21