

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -6 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 297000054909

1. Corporation Name:

FCDM Inc.

REINSTATEMENT 98-83

2. Principal Office Address

30467 DATE ROW

Suite, Apt. #, etc.

N/A

City & State

BIG PINE KEY, FL

Zip

33043

Country

MONROE

3. Mailing Office Address

30467 DATE ROW

Suite, Apt. #, etc.

N/A

City & State

BIG PINE KEY, FL

Zip

33043

Country

MONROE

200024474962

11/06/03--01013--027 **1500.00

4. Date Incorporated or Qualified
To Do Business in Florida

1997

5. FEI Number

59-3468818

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

ELIZABETH WATSON, PRESIDENT

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

30467 DATE ROW

Suite, Apt. #, Etc.

N/A

City

BIG PINE KEY

State

FL

Zip Code

33043

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

Elizabeth Watson
REGISTERED AGENT MUST SIGN

Date 11/04/03

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	Elizabeth Watson	30467 DATE ROW	Big Pine Key, FL 33043
V	Jack C. Watson Jr.	30467 DATE ROW	Big Pine Key, FL 33043
D	Kevin Carter	449 New Light Church Rd	Crawfordville, FL 32327

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:

Elizabeth Watson

11/04/03 305-872-1262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)