

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000062448

1. Corporation Name

S.G. DUDENHOEFER, P.A.

Principal Place of Business

213 ORANGEWOOD LANE
LARGO FL 33770

Mailing Address

213 ORANGEWOOD LANE
LARGO FL 33770

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.

207 ORANGEWOOD Ln

City & State

LARGO, FL

Zip

33770

Country

Suite, Apt. #, etc.

207 ORANGEWOOD Ln

City & State

LARGO, FL

Zip

33770

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/18/1997

5. FEI Number

59-3456736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	DUDENHOEFER, SUZANNE G	213 ORANGEWOOD LANE	LARGO FL 33770

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUDENHOEFER, ROBERT B SR
213 ORANGEWOOD LANE
LARGO FL 33770

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

Robert B. Dudenhofer, Sr.

REGISTERED AGENT MUST SIGN

Date

10/14/99

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:

Suzanne G. Dudenhofer

Date

Oct 15, 1999

Daytime Phone #

10/14/99

Florida Department of State
Division of Corporations
Attention: Reinstatement Division


Dear Sirs,

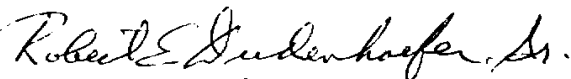
We did not file an Annual Report because I do not believe we received the paper work.
I forward all forms to my accountant and he does not have a record of receiving it either.

I understand that it is my responsibility to file an Annual Report by May 1st..

We request a waiver for this omission, and understand that if we are granted a waiver it
will be the last time a waiver will be granted.

Sincerely yours.


Suzanne G Dudenhoefer
Signing Officer


Robert E Dudenhoefer Sr
Registered Agent

207 Orangewood Lane
Largo FL 33770
727-584-5019