

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

01 APR 16 PM 4:25

DOCUMENT # P98000060288

1. Corporation Name

MUD ENTERPRISES, INC.

2. Principal Office Address

840 S.E. 3rd Street

3. Mailing Office Address

P.O. Box 1764

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belle Glade FL

City & State

Belle Glade FL

Zip

33430

Country

Palm Beach

Zip

33430

Country

Palm Beach

**REINSTATEMENT** 99-07

4. Date Incorporated or Qualified  
To Do Business in Florida

07-06-98

5. FEI Number

65-0845096

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

Richard L. Heffernan, CPA

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

2911 East Main Street

P.O. Box 617

Suite, Apt. #, Etc.

City

Pahokee

State

FL

Zip Code

33476

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

*Richard L. Heffernan*  
REGISTERED AGENT MUST SIGN

Richard L. Heffernan, P.A.  
Certified Public Accountant  
P.O. Box 617  
2911 E. Main Street  
Pahokee, FL 33476

Date 4-11-01

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/T	Jeffery Henry	840 S.E. 3rd Street	Belle Glade FL 33430
V/S	Theresa Henry	840 S.E. 3rd Street	Belle Glade FL 33430

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-01

Date

561-996-8464

Daytime Phone #

CR2E081 (9/00)