

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 27 AM 8:49

DOCUMENT # P99000021928

1. Corporation Name

ARDON GROUP, INC

2. Principal Office Address

1267 SW JANETTE AVE

Suite, Apt. #, etc.

City & State

PT. ST. LUCIE, FL

Zip

34953

Country

ST LUCIE

3. Mailing Office Address

1267 SW JANETTE AVE

Suite, Apt. #, etc.

City & State

PT ST LUCIE FL.

Zip

34953

Country

ST LUCIE

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

2-22-99

5. FEI Number

65-0895367

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

GREG KING

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

9812 SE HIGHBORNE WAY

Suite, Apt. #, Etc.

City

HOBE SOUND

800004194928-2

05/11/01-01018-009

***908.75 ***908.75

State

FL

Zip Code

33455

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

Date 4-12-01

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
PRES.	MICHAEL HODGINS	1267 SW JANETTE AVE	PT. ST. LUCIE, FL 34953
V. PRES.	GREG KING	9812 SE HIGHBORNE WAY	HOBE SOUND, FL 33455

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MICHAEL HODGINS

4-11-01

(561) 879-7906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)