

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072725

1. Corporation Name

Ready Enterprises, Inc.

2. Principal Office Address

222 W. Highland Drive

Suite, Apt. #, etc.

3. Mailing Office Address

222 W. Highland Drive

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33813

Country

Polk

Zip

33813

Country

Polk

800008604708

10/28/02--01032--003 **750.00

REINSTATEMENT 2002

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/99

5. FEI Number

59-3593435

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

Stephen H. Artman

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

925 South Florida Avenue

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33803

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 10-23-02

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
D	Thomas Gene Ready	222 W. Highland Drive	Lakeland, FL 33813
D	Barbara M. Ready	222 W. Highland Drive	Lakeland, FL 33813

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02 863-648-3279

Daytime Phone #

CR2E081 (9/01)