

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 29 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107430

1. Corporation Name

FDD Enterprises, Inc.

2. Principal Office Address

5055 A1A South

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

Zip

32951

Country

3. Mailing Office Address

5055 A1A South

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

Zip

32951

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/9/99

5. FEI Number

13-4109080

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Timothy Jon Mitts

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

5055 A1A South

Suite, Apt. #, Etc.

City

Melbourne Beach

State
FL

Zip Code

32951

600003743608-4

-02/20/01--01084--20

****900.00 ****900.00

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

REGISTERED AGENT MUST SIGN

Date 1/18/01

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
Pres.	Fred Devoto	5055 A1A South	Melbourne Beach, FL 32951

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:

Fred Devoto (Pres)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

Date

321-728-7019

Daytime Phone #