

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR -4 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V 58071**

1. Corporation Name

Affordable Domes, Inc.

2. Principal Office Address

3. Mailing Office Address

2534 Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Melbourne, FL

Zip

Country

Zip

Country

32935

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-13-92

5. FEI Number

59-3142006

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

93-02

7. Name and Address of Current Registered Agent

Name

Bobby D. Davenport

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

2534 Andrews Avenue

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

200005180582--6

-04/01/02--01084--006

*****2108.75 ***2108.75**

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

Bobby Davenport
REGISTERED AGENT MUST SIGN

Date **2-24-02**

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	Bobby D. Davenport	2534 Andrews Ave	Melbourne FL 32935

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:

Bobby D. Davenport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-02

Daytime Phone #

321-259-759

255-3594

CR2001 (9/01)