

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 22 AM 10:10

DOCUMENT # **V61036**

1. Corporation Name

Waldrop Management, Inc.

2. Principal Office Address

108 Talbott Drive

Suite, Apt. #, etc.

City & State

Bowling Green, KY

Zip

42103

Country

3. Mailing Office Address

1200 South Pine Island Road

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

REINSTATEMENT 95-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/1/92

5. FEI Number

65-0349238

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

CT Corporation

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

000004288420-5
-05/22/01--01125--032
***1658.75 ***1658.75

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

Carol Record

Carol Record
Assistant Secretary

Date

5-15-01

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
Dir/ Pres	Pamela Waldrop Shaw	108 Talbott Drive	Bowling Green, KY 42103
Dir/ VP/Sec Tres	Thomas Gerald Shaw	108 Talbott Drive	Bowling Green, KY 42103

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:

Pamela Waldrop Shaw
PAMELA WALDROP SHAW

OR DIRECTOR

5-7-01

Date

270-843-9922

Daytime Phone #

CR2E081 (9/00)