

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F25703

1. Corporation Name

W99-2469

FLORIDA EASTERN DEVELOPMENT & MANAGEMENT CORP.

Principal Place of Business

Mailing Address

4300 N. University Dr. B-100 Lauderhill, FL 33321 Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

1551 Forum Place

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401 Palm Beach

3. New Mailing Office Address, If Applicable

1551 Forum Place

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401 Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida

3/13/81

59-2124218

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes D.P.S. T Harry Schreiber and Kevin F. Richardson.

8. Name and Address of Current Registered Agent

Atlantic Management & Consulting Corp. 450 Australian Ave S., Ste 300 West Palm Beach, FL 33401

9. Name and Address of New Registered Agent

Kevin F. Richardson 1551 Forum Pl., Ste. 300-F West Palm Beach, FL 33401

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 1.19.99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax)

12. 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)(g), 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 561-571-9600 Daytime Phone #

FILED

99 FEB -9 AM 9:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REINSTATEMENT

91-991

Handwritten signature/initials

1/12/99