PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 MAR 31 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P77557~~ F77557

1. Corporation Name:

SAWYER DEVELOPMENT CORPORATION

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 NW 7TH ST.	201 NW 7TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
404	404
City & State	City & State
MIAMI, FL	MIAMI, FL
Zip / County	Zip / County
33136 / MIAMI-DADE	33136 / MIAMI-DADE

CR2E085 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 04/29/1982

5. FEI Number: 592178927 — Applied For

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: BERNICE S. WATSON
Street Address (P.O. Box Number Not Acceptable): 201 NW 7TH ST.
Suite, Apt. #, etc.: 404
City: MIAMI — State: FL — Zip Code: 33136

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03/31/14--01001--002 **300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Bernice S. Watson — Date: 3-28-14
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BERNICE S. WATSON	201 NW 7TH ST. #404	MIAMI, FL 33136

REINSTATEMENT
MAR 31 2014
R. HUNT

10. E-mail Address: PONCIANAVILLAGE@YAHOO.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reviver 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 a mistake, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Bernice S. Watson — BERNICE S. WATSON — 3-28-14
AUTHORIZED PERSON TO SIGN FOR THE PRESIDENT OR SECRETARY OF CORPORATION — TITLE — DATE