

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 28 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H60913

1. Corporation Name
MICHELSON DEVELOPMENT CORP.

2. Principal Office Address 351 MALLARD ROAD		3. Mailing Office Address 351 MALLARD ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33327-1124	Country USA	Zip 33327-1124	Country USA

REINSTATEMENT *OB-54*

4. Date Incorporated or Qualified To Do Business in Florida 06/07/1985	
5. FEI Number 59-2549062	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name BRUCE MICHELSON		300034458943	
Street Address (P.O. Box Number is Not Acceptable) 351 MALLARD ROAD		04/28/04-01058-019 ***900 00	
Suite, Apt. #, Etc.			
City FT. LAUDERDALE	State FL	Zip Code 33327-1124	

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: *Bruce Michelson* Date: *4/26/04*

REGISTERED AGENT MUST SIGN

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
DPT	MICHELSON, EDWARD	2427 TARGHEE PT	LAFAYETTE, CO 80026-3447
DS	MICHELSON, ROGER	10006 W BROADVIEW DRIVE	BAY HARBOR ISLANDS FL 33154
DV	MICHELSON, BRUCE	351 MALLARD ROAD	FT LAUDERDALE FL 33327-1124

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: *Bruce Michelson* Date: *4/26/04* Daytime Phone #: *954 349 7184*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

TR