

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

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DOCUMENT # L11349

1. Corporation Name

ISKANDAR DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

200 SE 15TH RD.
MIAMI FL 33129

200 SE 15TH RD.
MIAMI FL 33129

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

2. New Principal Office Address, if Applicable

~~113 east Hallandale Beach BLV.~~
Hallandale Fla.
33009 U.S.A.

3. New Mailing Office Address, if Applicable

Same
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

08/25/1989

5. FEI Number

65-0156979

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ISKANDAR, ELIE	200 SE 15TH RD., #11K	MIAMI FL 33129
VP	ISKANDAR, DAOUD	200 SE 15TH RD #11K 2000 Towerside Tr, Apt 1603 Miami Fla. 33138	MIAMI FL 33129 33138
			800003509798--1 -12/21/00--01021--015 ****158.75 ****158.75
			SP

8. Name and Address of Current Registered Agent

ISKANDAR, ELIE
200 SE 15TH RD.
#11K
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

CR2E040 (8/00)

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 [Signature] Date 10-27-00
REGISTERED AGENT MUST SIGN

11. 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: [Signature] ELIE ISKANDAR 10-27-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
00 DEC -7 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OTT



10-27-00

(2)

Elie Iskandar
ISKandar Dev. Corp. DBA. Stone Age
113 East Hallandale Bch Blvd.

Dear sir/Madam.
Department of state.

Due to our relocation of our office.
ISKandar Dev. Corp. DBA Stone Age.
Does NOT Receive Mail at the previous
200 SE 15th RD Any More which caused
of our failure To file our Annual report.

Our new Address is
113 East Hallandale Bch Blvd.
Hallandale Fla. 33009

We regret NOT Filing on Time Due To change
of Address.

Please consider waving our late fee.
and kindly reinstate our company

thank you kindly.

Elie Iskandar, president



please find a check
for the amount of \$750
Amount Due.