


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p> <p>95-97</p> 	<p>FLORIDA DEPARTMENT OF STATE</p> <p>Sandra B. Mortham Secretary of State</p> <p>DIVISION OF CORPORATIONS</p>	<p style="text-align: center;">APPROVED AND FILED</p> <p style="text-align: center;">97 JAN 27 AM 11:03</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																				
<p>DOCUMENT # P92000010608</p> <p>1. Corporation Name ORLANDO-BEACH DEVELOPMENT CORP.</p>																						
<p>Principal Place of Business 2749 TIFFANY DRIVE NEW SMYRNA BEACH, FL 32168</p>		<p>Mailing Address P.O. Box 1691 New Smyrna Beach, FL 32170</p>																				
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below</p>		DO NOT WRITE IN THIS SPACE																				
<p>2. New Principal Office Address, If Applicable 2749 TIFFANY DRIVE Suite, Apt. #, etc.</p>	<p>3. New Mailing Address, If Applicable P.O. Box 1691 Suite, Apt. #, etc.</p>	<p>4. Date Incorporated or Qualified To Do Business in Florida DECEMBER 8, 1992</p>																				
<p>City & State New Smyrna Beach, FL Zip 32168 Country</p>	<p>City & State New Smyrna Beach, FL Zip 32170 Country</p>	<p>5. FEI Number 59-3186682</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																				
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Title(s)</th> <th style="width:30%;">Name of Officers and/or Directors</th> <th style="width:30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PSTD</td> <td>KIRK CULVER</td> <td>2749 TIFFANY DRIVE</td> <td>NEW SMYRNA BEACH FLORIDA 32168</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	PSTD	KIRK CULVER	2749 TIFFANY DRIVE	NEW SMYRNA BEACH FLORIDA 32168												
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip																			
PSTD	KIRK CULVER	2749 TIFFANY DRIVE	NEW SMYRNA BEACH FLORIDA 32168																			
<p>8. Name and Address of Current Registered Agent</p> <p>KIRK L. CULVER 831 WAYNE AVENUE NEW SMYRNA BEACH, FL 32168</p>		<p>9. Name and Address of New Registered Agent</p> <p>BERRY J. WALKER, JR. 285 S. MAITLAND AVE. 216 MAITLAND FL 32751</p> <p style="text-align: right;">1/27/97</p>																				
<p>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.</p> <p>Signature of Registered Agent: <i>Berry J. Walker, Jr.</i> REGISTERED AGENT MUST SIGN Date: 1-21-97</p>																						
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																						
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> <p>SIGNATURE: <i>Kirk L. Culver</i> KIRK L. CULVER PRESIDENT Date: 1/21/97 904-423-8530 Daytime Phone #</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																						

CR2040 (12/95)