


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

01-003

DOCUMENT # P98000081591
1. Corporation Name
 RE DEVELOPMENT GROUP, INC.

2. Principal Office Address 6909 N. ROME AVE
 Suite, Apt. #, etc.

3. Mailing Office Address 6909 N. ROME AVE
 Suite, Apt. #, etc.

City & State TAMPA, FLORIDA
City & State TAMPA, FLORIDA

Zip 33604 **Country** USA
Zip 33604 **Country** USA

4. Date Incorporated or Qualified To Do Business in Florida 9/21/98

5. FEI Number 59-3533502
 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

SECRETARY OF STATE
 TALLAHASSEE
 03 MAR - 7 PM
 FILED

7. Name and Address of Current Registered Agent

Name COREY VARTANIAN
 200013641302
 03/07/03--01008--028 **450.00

Street Address (P.O. Box Number is Not Acceptable)
 6909 N. ROME AVENUE

Suite, Apt. #, Etc.

City TAMPA **State** FL **Zip Code** 33604

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 *Corey Vartanian* **REGISTERED AGENT MUST SIGN** **Date** 2/28/03

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
P	COREY VARTANIAN	9226 BRINDLEWOODS	ODESSA, FL 33336
T, S	RICHARD FAROTTO	8514 ROYCEAS LN	TAMPA, FL 33635

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: *Corey Vartanian* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 2/28/03 **Daytime Phone #** 813-933-5647

CR2E081 (10/02)

February 28, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32399

RE: RE Development Group, Inc.
-10019 N. Dale Mabry Highway, #100 - - - - -
Tampa, Florida 33618

Attention: Corporation Reinstatement Department

Please note that we are applying to have the above referenced corporation reinstated. We did not receive the Uniform Business Report for the tax year 2001 and would like all penalties waived. (Per discussion with one of your representatives) Enclosed are the fees associated with bringing our dues up to date.

If you have any questions or require additional information, please do not hesitate to contact me at (813) 933-5647.

Sincerely,



Corey J. Vartanian
President, RE Development Group, Inc.