


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION**  
**2000-2001**  
**UBR**



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

FILED

01 MAR 15 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000055865**  
 1. Corporation Name  
**ANTHONY JAMES DEVELOPMENT, INC.**

2. Principal Office Address <b>5301 N. Federal Highway</b>		3. Mailing Office Address <b>5301 N. Federal Highway</b>	
Suite, Apt. #, etc. <b>Suite 150</b>		Suite, Apt. #, etc. <b>Suite 150</b>	
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>	
Zip <b>33487</b>	Country <b>U.S.</b>	Zip <b>33487</b>	Country <b>U.S.</b>

4. Date Incorporated or Qualified To Do Business in Florida **6/21/99**

5. FEI Number **65-1082073**

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

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**

Suite, Apt. #, Etc.

City **Plantation** State **FL** Zip Code **33324**

300003912093--3  
 -03/27/01--01065--001  
 \*\*\*398.00 \*\*\*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 617.0503, F.S.

Signature of Registered Agent *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY Date **3-6-01**

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
D	Anthony J. Rotonde	5301 N. Federal Highway, #150	Boca Raton, FL 3387
D	HEIDI BROWN	5301 N. FEDERAL HIGHWAY #150	Box 10 BOCA RATON FL 33487

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.

By: **Anthony J. Rotonde, Director**

SIGNATURE: *[Signature]* **3/4/2001** 561-998-2170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2 of 2

**Anthony James Development, Inc.  
5301 Federal Highway  
Suite 150  
Boca Raton, Florida 33487**

Friday, March 2, 2001

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

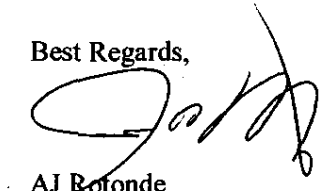
RE: Reinstatement of Corporation  
Anthony James Development  
Document # P99000055865

To whom this may concern:

As per our conversation, enclosed please find check for \$300.00 for the above corporation for 2000 and 2001 filing fee. I never received a cancellation notice on the above company. Please if possible waive the reinstatement fee because I did send in the check for the year 2000, unfortunately you never received the check.

Thank you for your assistance.

Best Regards,



AJ Rotonde