

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -8 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055865

1. Corporation Name

Anthony James Development, Inc

Principal Place of Business

Mailing Address

2455 E. SUNRISE BLVD
502
FORT LAUD., FL - 33304

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

6/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

Applied For

Zip

Country

Zip

Country

65 108 2073

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/O	Rotonde, Anthony J	2455 E. SUNRISE BL # 502	Fort LAUD., FL 33304
S/O	BROWN, HEIDI	2455 E. SUNRISE BL # 502	Fort LAUD., FL 33304
V/P	SCHNITZER, GERALD S.	2455 E. SUNRISE BL # 502	Fort LAUD., FL 33304
			100022135921 08/07/03--01058--006 **308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name: GERALD S. SCHNITZER
Street Address (P.O. Box Number is Not Acceptable): 2455 E. SUNRISE BL
Suite, Apt. #, Etc.: # 502
City: Fort LAUD State: FL Zip Code: 33304

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

Gerald S. Schmitz

REGISTERED AGENT MUST SIGN

Date

8/6/03

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

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.

SIGNATURE:

Gerald S. Schmitz

GERALD S. SCHNITZER 8/6/03 954-564-7701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)