

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 NOV 21 PM 4:00

DOCUMENT # **V06842**

1. Corporation Name
ADDISON DEVELOPMENT GROUP, INC.

Principal Place of Business	Mailing Address
205 VIA TORTUGA PALM BEACH FL 33480 US	205 VIA TORTUGA PALM BEACH FL 33480 US



REINSTATEMENT

01

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	01/13/1992
5. FEI Number	65-0305839
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$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	SWANSON, DAN E	205 VIA TORTUGA	PALM BEACH FL 33480

600004721086-3
 -12/12/01--01074--006
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

KIRSCHNER, MITCHELL B
 2101 CORPORATE BLVD.
 STE. 300
 BOCA RATON FL 33431

9. Name and Address of New Registered Agent

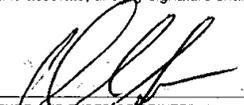
Name: **Kirschner, Mitchell B.**
 Street Address (P.O. Box Number is Not Acceptable): **1801 N. Military Trail**
 Suite, Apt. #, Etc.: **200**
 City: **Boca Raton**, State: **FL** Zip Code: **33431**

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:  Date: **11/7/01**

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:  **Dan E. Swanson** Date: **11/5/01** (201) 848-2475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (8/01)