## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

A D D L L O L T L O L L O L O L O L O L O L O						
APPLICATION	EI OBIDA	DEDARTME	NT OF STATE			
FOR	주말	ISION OF CORPC	· · · · · · · · · · · · · · · · · · ·	FILED		
REINSTATEMENT ***	9	NOICH OF CONFC	TATIONS			
DOCUMENT# H8304	0		<u></u>	96 DEC -4 AM 8: 08		
1. Corporation Name	8			CCODCT1 DV (VC DTITE		
The Composition Figure				SECRETARY OF STATE TALLAHASSEE, I'LORIDA		
Sunbelt Marketing & Development Company				Will dividual, redition		
Mailing Address Principal Place of Business						
1002 S. Harbour Island 1002 S. Harbour			r Island			
Blvd., Suite 1407 Blvd., Suite 1407				REINSTATEMENT OIL OL		
Tampa, Florida 33602 Tampa, Florida 33602			SECOND OF SERVICE AND SECOND OF SECO			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			DO NOT WRITE IN THIS SPACE			
New Mailing Address, If Applicable     New Principal Office Address, If Applicable			Il Applicable	4. Date Incorporated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #, etc.				10/29/65		
City & State City & State			5. FEI Number Applied For S9 – 2607311 Applied For			
City & State City & State			6.			
Zip Country	Zip	Count	у	CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status		
7 Names and Street Addresses of Each Officer and	d/or Director, (Floriu	da nonnestit corpor	shope must list at las			
7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each						
Title(s) and/or Directors		3 (Do NOT U	ficer and/or Director se Post Office Box N	lumbers) 4 City / State / Zip		
D/P/		1002 S.	Harbour I	sland		
S/T Ronald N. Weisser Blvd., S		uite 1407	Tampa, FL 33602			
				500002021656 -12/06/9601062007		
•				****775.00 ****775.00		
	1					
_υ						
				·		
	1			MAIN & QUAL		
8. Name and Address of Curren	t Registered Agen			00000000000000000000000000000000000000		
· · · · · · · · · · · · · · · · · · ·	nagistared Ageit		Name	9. Name and Address of New Registered Agent		
Ronald N. Weisser				Street Address (P O Box Number is Not Acceptable)  Suite. Apt. #. Etc.		
1002 S. Harbour Island Blvd.  Suite 1407				O Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.			
/			City State Zip Code			
		· · · · · · · · · · · · · · · · · · ·		FL		
10. It 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 11/25/95						
REGISTERED AGENT MUST SIGN						
11 If this corporation is a non-profit with LB S 501/o\/2\ tay exampt status, shock this have \( \subseteq						
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)						
12. Does this corporation pay any intangible tax to the						
Dept. of Revenue under S. 199.032, Florida Statutes. Yes V No No on intangible tax.)						
13 I do heroby 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 pon-compliance with Section 119.07(3)(k) in the event that the information supplied is decomed asset to the control of th						
13 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 contrivity that I am an officer or director or the receiver enturstree employment to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstalement application the reason for dissolutes has been equinated, the corporate name satisfies the requirements of section 607.0401. 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 eath						
fees owed by the corporation have been paid. The yttermation indicated on this application is true and accurate, and my signature shall have the same legal affect as if made under oath						
$\mathcal{L}(\mathcal{L}(\mathcal{L}))$						
SIGNATURE: Ronald N. Weisser, Pres. 813/225-2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Outs  Davies Phone #						
				Oats Daytime Phone #		