

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 # S81962

1. Corporation Name

ADDISON DEVELOPMENT CORP.

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

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0335412

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SWANSON, DAN E	205 VIA TORTUGA	PALM BEACH FL 33480

800004721088--7

12/12/01-01074-007

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name: Kirschner, Mitchell B  
Street Address (P.O. Box Number is Not Acceptable): 1806 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

REGISTERED AGENT MUST SIGN

Date

11/17/01 AU

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dan E. Swanson 11/05/01 (561) 848-2475