

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 24 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000029796

1. Corporation Name

NOTES DEVELOPMENT CORP.

600013031676
02/24/03--01057--011 **900.00

REINSTATEMENT 02-03

2. Principal Office Address
2915 SQUIRE OAK COURT

Suite, Apt. #, etc.

City & State

ST. CLOUD FL

Zip

34769

Country

SEMINOLE

3. Mailing Office Address

285 REIDER AVENUE

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

SEMINOLE

4. Date Incorporated or Qualified
To Do Business in Florida

03/31/99

5. FEI Number

59-3567497

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LORI M. LeVASSEUR, CPA

Street Address (P.O. Box Number is Not Acceptable)

285 REIDER AVENUE

Suite, Apt. #, Etc.

City

LONGWOOD

State
FL

Zip Code
32750

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

Lori M. LeVasseur

Date

2-19-03

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 Officers and/or Director	City/State/Zip
Dir	Lori LeVasseur	285 Reider Avenue	Longwood, FL 32750

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.

SIGNATURE:

Lori M. LeVasseur

Lori LeVasseur

Date

Director

407-331-9026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

2/26