

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000051425

1. Corporation Name

STRATEGIC DEVELOPMENT CONSULTANTS, INC.

Principal Place of Business

Mailing Address

1250 SOUTH TROPICAL TR  
MERRITT ISLAND FL 32952

1250 SOUTH TROPICAL TR  
MERRITT ISLAND FL 32952

470 Jililotus St.  
Merritt Island FL 32952

470 Jililotus St.  
Merritt Island FL 32952

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

Merritt Island FL  
32952 US

Merritt Island FL  
32952 US

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/1999

5. FEI Number

59-3577889

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PO	CAUSEY, REGINA M	1250 SOUTH TROPICAL TR	MERRITT ISLAND FL 32952
	Schwartz, Regina m.	470 Jililotus St	Merritt Island FL 32952

700024340777  
10/31/03--01088--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCHWANTZ, REGINA M  
1250 SOUTH TROPICAL TR  
MERRITT ISLAND FL 32952

Name Schwartz, Regina M  
Street Address (P.O. Box Number is Not Acceptable)  
470 Jililotus Street  
Suite, Apt. #, Etc.  
City Merritt Island State FL Zip Code 32952

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

Regina m. Schwartz 321-403-8086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 28, 2003

Department of State  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee FL 32314-6327

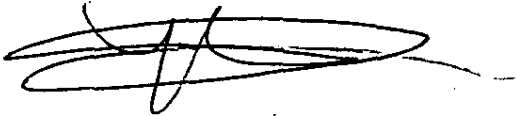
In Re: Strategic Development Consultants, Inc.

I have just received on 10/27/03 in the mail the notification of application for reinstatement. I never received the regular application showing the payment due of \$150.00. The mail was being forwarded for a two (2) week period at the Merritt Island Post Office.

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Please accept the regular payment due to our office never receiving the application. Thank you in advance for your assistance and I can be reached at 321.403.8086 if you should have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be "Regina M. Schwantz", written over a horizontal line.

Regina M. Schwantz  
President/Owner