APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
97 JUL 30 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 335627

1. Corporation Name
DEVELOPMENT AND SALES CORPORATION

W97-17084

Principal Place of Business | Mailing Address

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

REINSTATEMENT 95-97

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
ROAD 19, INT. NO. 2	P. O. BOX 20868	9-27-68
Suite, Apt. #, etc. PUEBLO VIEJO	Suite, Apt. #, etc.	5. FEI Number 59-1419001 ☑ Applied For ☐ Not Applicable
City & State GUAYNABO	City & State RIO PIEDRAS	6. CERTIFICATE OF STATUS DESIRED ☐
Zip 00966 County PUERTO RICO	Zip 00928 County PUERTO RICO	

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	CECI MONTILLA - ROJO	ROAD 19, INT. NO. 2	PUEBLO VIEJO, GUAYNABO PUERTO RICO 00966
V/D	CARMEN TORRES	111 GUARAGUAO ST. MONTEHIEDRA	SAN JUAN, P.R. 00926
T/D	BEATRIZ PRENDES-ROJO	ROAD 19, INT NO. 2	PUEBLO VIEJO, GUAYNABO PUERTO RICO 00966
S/D	RAFAEL ROJO	ROAD 19, INT. NO. 2	PUEBLO VIEJO, GUAYNABO PUERTO RICO 00966
D	GEORGE PRENDES	ROAD 19, INT NO. 2	PUEBLO VIEJO, GUAYNABO PUERTO RICO 00966

AP 7/30

8. Name and Address of Current Registered Agent

VINCENT PHILIP NUCCIO
~~4049 HENDERSON BLVD~~ 4049 Henderson Blvd
~~TAMPA, FL 33609~~ 33629

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0501, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. **Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.** Yes ☒ No ☐ (See other side for information on intangible tax)

12. I certify that I am an officer or director of 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: _____ CECI MONTILLA-ROJO (PRESIDENT) July 18 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #