

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



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

FILED

98 MAY 20 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 455114

1. Corporation Name

Development Equity Corp.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
8902 N. Dale Mabry

Suite, Apt. #, etc.
111

City & State
Tampa, Florida

Zip
33614 Country
USA

3. New Mailing Office Address, If Applicable
8902 N. Dale Mabry

Suite, Apt. #, etc.
111

City & State
Tampa, Florida

Zip
33614 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 6-21-74

5. FEI Number
59-1539225

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)

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	David Zohar	8902 N. Dale Mabry, Ste. 111	Tampa, FL 33614
VP/D	Dan Zohar	8902 N. Dale Mabry, Ste. 111	Tampa, FL 33614

000002531890--8
-05/21/98--01096--017
***1583.75 ***1583.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Dan Zohar

Street Address (P.O. Box Number is Not Acceptable)
8902 N. Dale Mabry

Suite, Apt. #, Etc.
Ste. 111

City
Tampa

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*****6565 Zip 33614 66.25

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

Dan Zohar
REGISTERED AGENT MUST SIGN

Date May 12, 1998

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 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

Dan Zohar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dan Zohar

May 12, 1998
Date

813-935-9448
Daytime Phone #

CR2E040 (12/96)