

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 609563
1. Corporation Name **A AND V DEVELOPMENT CORP.**

Principal Place of Business Mailing Address
**7400 N. FEDERAL HWY., SUITE B-6
BOCA RATON, FL 33487**

FILED
97 AUG -4 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

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 2/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1912881	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	ANTHONY V. LOFFREDO	7400 N. FEDERAL HWY. B-6	BOCA RATON, FL 33487
SEC/TRES.	CAROLINE E. LOFFREDO	7400 N. FEDERAL HWY. B-6	BOCA RATON, FL 33487
V.PRES.	V. ANTHONY LOFFREDO	5668 NW 100TH WAY	CORAL SPRINGS, FL 33076

100002261731--9
08/08/97--01089--008
*****8.75 *****8.75

8. Name and Address of Current Registered Agent

ANTHONY V. LOFFREDO
7400 N. FEDERAL HWY., SUITE B-6
BOCA RATON, FL 33487

9. Name and Address of New Registered Agent

Name	
100002261731--9	
Street Address (P.O. Box Number is Not Allowed)	
08/08/97--01089--008	
Suite, Apt. #, Etc.	
*****8.75 *****8.75	
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 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **7/31/97**

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:

[Signature]

ANTHONY V. LOFFREDO

7/31/97

(561) 989-9840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (12/96)