

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 27 AM 8:16

DOCUMENT # 625389

1. Corporation Name

Natural Resources Development Corporation

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~360137325801~~
~~10/27/08--01049--015~~ **308.75

REINSTATEMENT
CR2E081 (10/08)

80-08

2. Principal Office Address - No P.O. Box #

36740 Capel Road

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Grafton, OH

City & State

Zip

44044

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1979

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ted P. Galatis, Jr.

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

1501 NE 4th Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33304

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ted P. Galatis, Jr.
REGISTERED AGENT MUST SIGN

Date October 21, 2008

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 Officer and/or Director	City / State / Zip
PD	Rachel Honoshofsky	36740 Capel Road	Grafton, OH 44044
			10/27/08--01049--016 **4958.75
			100137325801
			10/27/08--01049--016 **4958.75

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 contained in Chapter 119, 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:

Rachel Honoshofsky

Rachel Honoshofsky

10/21/08(440)748-6068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #