PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

[]	ORATION ATEMENT			Katheri Secretar	TMENT OF ne Harris by of State corporations				LED 7 AM 11: 10		
DOCUMENT # USOS 20 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE FLORIDA				
DUNDAR DEVELOPMENT, inc.									,		
2. Principal Office Address William S. BA-4/18			3. Mailing C	3. Mailing Office Address Willia 5, BA+XIV				HEINSTATEMENT (017)			
Suite, Apt. #, etc.	' ']	Suite, Apt. #, etc. 1971 Franchist Suite A City & State				4. Date Incorporated or Qualified To Do Business in Florida 8/04/1980					
City & State	nfers	FIA:	City & State	Tvu,	Yens F	12	5. FEI Numbe	-6/43	. ~ / -	pplied For ot Applicable	
339/	16 L	ee	3350		Le	<u> </u>		OF STATUS DESIRED	S8.75 Addition for a Certific		
7. Name and Address of Current Registered Agent											
Name Willie 5, B # 1/9 400003524514 01/05/01 01021 017 Street Address (P.O. Box Number is Not Acceptable)										-4 07	
City Form Myers, 7/A State Zip Code FL 33516											
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 REGISTERED AGENT MUST SIGN) 	
9. Names and	Street Addresse	s of Each Office	and/or Director (Flo	rida nonpro	ofit corporations m	nust list at lea	st 3 directors)				
Titles	Name of Officers and/or Directors					ress of Each d/or Director			City / State / Zip		
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27	TRACOYLBAHIN 1975 French										
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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 filling 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: ULU JULI 12/20/00 NE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylime Phone #											