


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # F0000006899**

1. Entity Name  
**ESPLANADE DEVELOPMENT CORP.**



Principal Place of Business  
**1768 PARK CENTER DRIVE  
 SUITE 380  
 ORLANDO, FL 32835**

Mailing Address  
**1768 PARK CENTER DRIVE  
 SUITE 380  
 ORLANDO, FL 32835**

2. Principal Place of Business  
**1768 Park Center Drive**

3. Mailing Address  
**1768 Park Center Drive**

Suite, Apt. #, etc.  
**Suite 400**

Suite, Apt. #, etc.  
**Suite 400**

City & State  
**Orlando, Florida**

City & State  
**Orlando, FL**


Zip  
**32835**

Country  
**USA**

Zip  
**32835**

Country  
**USA**

**FILED**  
**05 OCT 13 PM 12:29**  
 SECRETARY OF STATE  
**TALLAHASSEE, FLORIDA**  
**05**  
 T. Roberts OCT 13 2005



10122005 REIN-P CR2E098 (6/04)

4. FEI Number  
**20-0208572**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RUSH, RANDOLPH J  
 250 PARK AVENUE SOUTH  
 5TH FLOOR  
 WINTER PARK, FL 32789**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Handwritten Signature]* **10/12/05**

Signature, type, or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00  
 After January 1, 2006, Fee will be \$900.00**

**10. OFFICERS AND DIRECTORS**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PSTD<br/>TOWNSEND, DAVID J<br/>1768 PARK CENTER DRIVE, SUITE 380<br/>ORLANDO, FL 32835</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>1768 Park Center Drive, Suite 400</b>              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>100060720771<br/>10/18/05--01051--025 **758.75</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **10/12/05 407 294 6400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #