

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV 10 PM 1:33

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000003170

1. Corporation Name

Fielding Development Limited, Inc.

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

42 S. Peninsula Drive

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

USA

3. Mailing Office Address

42 S. Peninsula Drive

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32118

Country

USA

700137181537  
10/22/08--01050--007 \*\*150.00

CR2E081 (10/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 06/14/01

5. FEI Number  
59-3677693

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel J. Bolerjack

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

42 S. Peninsula Drive

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

☒ 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.

700137181537  
11/18/08--01009--008 \*\*150.00

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

*Daniel J. Bolerjack*

REGISTERED AGENT MUST SIGN

Date 10-6-08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| D      | Daniel J. Bolerjack                  | 42 S. Peninsula Drive                             | Daytona Beach, FL 32118 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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:

*Daniel J. Bolerjack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-7-08

Daytime Phone #

086  
253-0677