

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -6 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009880140
01/06/03--01088--011 **750.00

DOCUMENT # F47280

1. Corporation Name

LIZ DEVELOPMENT CORP.

Principal Place of Business

501 E. KENNEDY BLVD., #1700
TAMPA FL 33602-4988

Mailing Address

501 E. KENNEDY BLVD., #1700
TAMPA FL 33602-4988

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1981

5. FEI Number

59-2132238

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
ASD	ELIAB, DELL B	501 E KENNEDY	TAMPA FL
DAS	BOGGS, E JACKSON	501 E KENNEDY 101 E. KENNEDY SUITE 1250	TAMPA FL 33602-5197
PST	LINDSEY, ELIZABETH	501 E KENNEDY 101 E. KENNEDY SUITE 1250	TAMPA FL 33602-5197
D	LINDSEY, ELIZABETH	501 E KENNEDY 101 E. KENNEDY SUITE 1250	TAMPA FL 33602-5197
D	WILLIAM J. MORRISON	101 E. KENNEDY BLVD SUITE 1250	TAMPA, FL 33602-5197

8. Name and Address of Current Registered Agent

BOGGS, E JACKSON
501 E KENNEDY BLVD #1700
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

WILLIAM J. MORRISON

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

101 E. KENNEDY BLVD.

Suite, Apt. #, Etc.

1250

City

TAMPA

State

FL

Zip Code

33602-5197

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. or 617.0505, F.S.

Signature of
Registered Agent

William J. Morrison

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

NOV. 15, 2002

11. 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:

William J. Morrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/02

CR2E040 (8/02)