

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005583

1. Corporation Name

AMATUMN DEVELOPMENT, INC.

Principal Place of Business

8205 LIMA RD  
FORT WAYNE IN 46818

Mailing Address

8205 LIMA RD  
FORT WAYNE IN 46818



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT

99

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

35-1949004

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED I

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

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| CP            | BOK, MARVIN L                             | 8205 LIMA RD   | FORT WAYNE IN 46818     |
| ST            | BOK, JANET L                              | 8205 LIMA RD   | FORT WAYNE IN 46818     |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

900003087579--4  
-01/04/00--01066--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Sue Davidson

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

2561 Talon Court

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34105

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.

Signature of  
Registered Agent

Sue Davidson  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12-20-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-99

Daytime Phone #

KE