

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 27 PM 4:06

DOCUMENT # F96000003319

1. Corporation Name

Corporate Development International, Inc.

2. Principal Office Address

150 E. Palmetto Park Rd

Suite, Apt. #, etc.

Suite 705

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

150 E. Palmetto Park Rd

Suite, Apt. #, etc.

Suite 705

City & State

Boca Raton, FL

Zip

33432

Country

USA

REINSTATEMENT 00-04

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/96

5. FEI Number

061126528

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

Richard Sommer

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

150 E. Palmetto Park Road

Suite, Apt. #, Etc.

Suite 705

City

Boca Raton

State

FL

Zip Code

33432

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

Date

8/23/2004

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|----------------------|
| PTDC | Richard Sommer | 150 E. Palmetto Park Rd Suite 705 | Boca Raton, FL 33432 |
| VSD | Ann Sommer | 150 E. Palmetto Park Rd Suite 705 | Boca Raton, FL 33432 |
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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 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:

Ann Sommer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/5/04 561 3681267

Daytime Phone #

CR2E081 (01/04)