

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 20 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 59-2245894 G19256  
1. Corporation Name Denver Development Inc.

900176531569  
04/20/10--01016--014 \*\*300.00

**REINSTATEMENT** 09-10

2. Principal Office Address - No P.O. Box # <u>1660 Dyer Pt. Rd.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Palm City, FL</u>		City & State	
Zip <u>34990</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>1983</u>		<input type="checkbox"/> Applied For
5. FEI Number <u>59-2245894</u>		<input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name <u>Theodore C Hook</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1660 Dyer Pt. Rd.</u>		
Suite, Apt. #, Etc.		
City <u>Palm City</u>	State <u>FL</u>	Zip Code <u>34990</u>

☒ 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.

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 TC Hook  
REGISTERED AGENT MUST SIGN

Date 4/9/10

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
Pres	Theodore C Hook	1660 Dyer Pt Rd	Palm City, FL 34990

10. E-mail Address: Coastal Construction @ Yahoo.com  
(To be used for future annual report notification)

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. I further certify, 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: TC Hook  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/10  
Date

Daytime Phone #