

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 27 PH 1:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H39586

1. Corporation Name

SACON DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

2270 S.W. 71ST TERRACE
DAVE. F 33317-4136

2270 S.W. 71ST TERRACE
DAVE. F 33317-4136



REINSTATEMENT 96 CW

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

4. Date Incorporated or Qualified To Do Business in Florida

01/23/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2527295

Applied For
 Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PT	FAIELLA, STEVE	4000 S.W. 195TH TERRACE	FT. LAUDERDALE FL
VS	FAIELLA, STEVE	4000 SW 195TH TERRACE	FT. LAUDERDALE FL
			400002019094--4 -12/04/96--01036--022 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EISENSMITH, JEFF PA
ONE FINANCIAL PL
STE 1810
FT LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

Date

11/27/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-96

Date

Daytime Phone #

CR-2500 (7/96)