

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 29 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H99680**

1. Corporation Name

**SPRING VALLEY DEVELOPMENT, INC.**

Principal Place of Business

4307 VINELAND ROAD  
STE H-12  
ORLANDO FL 32811  
US

Mailing Address

4307 VINELAND ROAD  
STE H-12  
ORLANDO FL 32811  
US

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

02/17/1986

5. FEI Number

59-2632005

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	ROHDIE, ROBERT C	4307 VINELAND ROAD STE H-12	ORLANDO FL 32811
D	GINSBURG, ALAN H	1551 SANDSPUR RD	MATLAND FL 32751

100008670271

10/29/02--01098--006 \*\*750.00

*[Handwritten Signature]*

8. Name and Address of Current Registered Agent

STONE, STEPHEN M-ESQ.  
725 NORTH MAGNOLIA AVENUE  
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

ROBERT C. ROHDIE

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

4307 VINELAND RD.

Suite, Apt. #, Etc.

SUITE H-12

City

ORLANDO

State

FL

Zip Code

32811

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/21/02

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. ROHDIE

10/21/02

407-650-1958

Date

Daytime Phone #

CR2E040 (8/02)