

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAY 15 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J 73372

1. Corporation Name

Nathun Development, Inc.

300005610973--6

-05/27/02--01003--013

\*\*\*\*450.00 \*\*\*\*450.00

2. Principal Office Address

5838 Covington Way

Suite, Apt. #, etc.

3. Mailing Office Address

5838 Covington Way

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

US

Zip

34232

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

5/15/87

5. FEI Number

59-2819489

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

Scott Rogers

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

5838 Covington Way

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

*Scott Rogers*

REGISTERED AGENT MUST SIGN

Date

5/13/02

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
P	Robert R. Rogers	5838 Covington Way	Sarasota, FL 34232
S/T	Scott Rogers	"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Scott Rogers*

5/13/02

Date

941-378-5500

Daytime Phone # ext. 307

CR2E081 (9/01)