

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # J89506

1. Corporation Name

SOUTHERN MOON DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

10 TAMPA PLACE
 MARCO ISLAND FL 33937

10 TAMPA PLACE
 MARCO ISLAND FL 33937

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
 97 MAR 24 AM 7:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 9649

4. Date Incorporated or Qualified To Do Business in Florida

08/25/1987

mwa

5. FEI Number

65-0039446

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)

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
PD	SONNEBORN, R. BRUCE, JR.	10 TAMPA PL.	MARCO ISLAND FL 33937

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 -03/26/97-01070-004
 ***923.75 ***923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LIEBERFARB, STANLEY J. ESQ.
 4001 TAMIAMI TR. N.
 SUITE 330
 NAPLES FL 33940

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Stanley J. Lieberfarb
 REGISTERED AGENT MUST SIGN

Date

2/19/97

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)