

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 MAR -8 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J95194

1. Corporation Name

EIDLAND DEVELOPMENT CORPORATION

Principal Place of Business

7600 WEST COLONIAL DRIVE  
ORLANDO FL 32818

Mailing Address

9616 TATTERSALL AVENUE  
ORLANDO FL 32817

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

09/29/1987

5. FEI Number

59-2855092

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
P	AL-KELABI, EID	505 LIGHTHORSE LANE #2114	ORLANDO FL 32818
D	Robert A. Kapherr	9816 Tattersall Ave.	Orlando FL 32817
			300003170199--9 -03/14/00--01133--005 ****150.00 ****150.00
			300003170199--9 -03/14/00--01133--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

KAPHERR, ROBERT A.  
9816 TATTERSALL AVE  
ORLANDO FL 32817

9. Name and Address of New Registered Agent

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  
REGISTERED AGENT MUST SIGN

Date 1-28-2000

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.

KE

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert Kapherr

1-28-2000  
Date

407 679 5646  
Daytime Phone #