

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -5 AM 9:08

DOCUMENT # K23718

1. Corporation Name

REVE DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

~~11992 OLD BARN LANE~~
~~CANTONMENT FL 32533~~
~~US~~

P OBOX 7025
PENSACOLA FL 32534
US



000024941930
11/24/03--01010--027 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

972 Broken Arrow Lane

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cantonment, FL

City & State

Zip 32533 Country U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

05/16/1988

5. FEI Number

59-2904547

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 |
|---------------|---|--|-------------------------|
| VPT | NOEL, RAYMOND A. | 972 BROKEN ARROW LANE | CANTONMENT FL 32533 |
| PS | NOEL, RAYMOND A | 972 BROKEN ARROW LANE | CANTONMENT FL 32533 |
| | | | |
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| | | | |
| | | | |

REINSTATEMENT

000024013686
10/22/03--01043--022 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NOEL, RAYMOND A
972 BROKEN ARROW LANE
CANTONMENT FL 32533

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. or 617.0505, F.S.

Signature of
Registered Agent

Date 10-16-03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-03 477-2132

CR2040 (7/03)