

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP 17 AM 11:05

DOCUMENT # K58545

1. Corporation Name

TAMIAMI DEVELOPMENT CORPORATION

2. Principal Office Address c/o S. Nuell  
Nuell & Polksy

Suite, Apt. #, etc. 782 NW 42nd Ave  
Suite 345

City & State  
Miami, Florida

Zip  
33126-5550

Country  
U.S.A.

3. Mailing Office Address c/o S. Nuell  
Nuell & Polksy

Suite, Apt. #, etc. 782 NW 42nd Ave  
Suite 345

City & State  
Miami, Florida

Zip  
33126-5550

Country  
U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1989

5. FEI Number  
65-0107019

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  
AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)  
One S.E. 3rd Avenue

Suite, Apt. #, Etc.  
28th Floor

City  
Miami

State  
FL

Zip Code  
33131

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 By Angelica M. Calabrese Assistant Secretary Date September 12, 2002

REGISTERED AGENT MUST SIGN

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
DPST	Stephen S. Nuell	c/o Nuell & Polksy 782 NW 42nd Ave., Suite 345	Miami, FL 33126-5550
D	Jay Weiss	c/o Nuell & Polksy 782 NW 42nd Ave., Suite 345	Miami, FL 33126-5550
D	Henry R. Zippay, Jr.	c/o Zippay & Frye 633 S.E. 3rd Ave., Suite 201	Ft. Lauderdale, FL 33301
D	Austin Frye	c/o Zippay & Frye 633 S.E. 3rd Ave., Suite 201	Ft. Lauderdale, FL 33301

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:

Stephen S. Nuell, President

September 6, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)