

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 14 PM 3:43

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # **L05860**

1. Corporation Name

Married Development, Inc

REINSTATEMENT

01-07

1.107600007382 CR2E081 (12/05)

2. Principal Office Address

2524 Barcelona Dr

3. Mailing Office Address

Suite, Apt. #, etc.

aka 1370 S Ocean Blvd

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33301

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650150046

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

Francisco J. Fernandez

300089584873

02/27/07--01020--025 **1500.00

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

2524 Barcelona Dr

300089584873

02/27/07--01020--024 **150.00

Suite, Apt. #, Etc.

aka 1370 S Ocean Blvd

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date

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
SD	Judith Fernandez	2524 Barcelona Dr	Ft. Lauderdale, FL 33301
DP	Francisco J. Fernandez	2524 Barcelona Dr	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 contained in Chapter 119, 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 #