

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

04 NOV 15 PM 1:17

DOCUMENT # L20092

1. Corporation Name

Vornado Development, Inc.

2223 Trade Center Way
same

2. Principal Office Address

2223 Trade Center Way

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34109

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10/02/1989

5. FEI Number

65-0153647

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

James H. Siesky

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

1000 North Tamiami Trail

Suite, Apt. #, Etc.

Suite 201

City

Naples

State

FL

Zip Code

34102

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

James H. Siesky
REGISTERED AGENT MUST SIGN

Date

11/12/04

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
DP	Samuel Hubschman	2223 Trade Center Way	Naples, FL 34109
D	Adam Hubschman	2223 Trade Center Way	Naples, FL 34109
D	Connianne Hubschman	2223 Trade Center Way	Naples, FL 34109

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)(l), 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

11-2-04 (239)398-4090

Daytime Phone #

CR2001 (01/04)