

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 19 AUG 23 AM 8:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L26698

1. Corporation Name

FLORIDA DEVELOPMENT GROUP, INC.

200333735022
08/23/19--01027--001 **4500.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

6681 SE HARBOR CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 731

Suite, Apt. #, etc.

City & State

STUART, FL

Zip
34996

Country
USA

City & State

MORRISVILLE, PA

Zip
19067

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1989

5. FET Number

65-0153844

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

JOCELYN KATSOCK

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

6681 SE HARBOR CIRCLE

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34996

SEP 04 2019

S. YOUNG

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

Joelyn Katsoc
REGISTERED AGENT MUST SIGN

Date 8/16/19

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
P/D	JOHN J. KATSOCK SR.	6681 SE HARBOR CIRCLE	STUART, FL 34996
T	JOCELYN KATSOCK	6681 SE HARBOR CIRCLE	STUART, FL 34996

10. E-mail Address: office@katsockcpa.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/19/19

Daytime Phone #

267.987-6485