

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

00 JAN 27 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L28104

**1. Corporation Name**

CENTRAL FLORIDA DEVELOPMENT GROUP, INC.  
c/o PHILIP HUANG  
6389 CONROY RD  
SUITE 1715  
ORLANDO, FL 32835

**2. Principal Office Address**

6389 CONROY RD

**3. Mailing Office Address**

6389 CONROY RD

Suite, Apt. #, etc.

1715

Suite, Apt. #, etc.

1715

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32835

Country

ORANGE

Zip

32835

Country

ORANGE

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1-1-03/1-989

**5. FEI Number**

59-2977045

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

DAVID S WOOD, ESQ.

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

200 SOUTH ORANGE AVE

Suite, Apt. #, Etc.

SUNTRUST CENTER, SUITE 2300

City

ORLANDO

State

FL

Zip Code

32802

**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

*David S Wood*

Date

1/21/00

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
PD	PHILIP HUANG	6389 CONROY RD, #1715	ORLANDO, FL 32835

REINSTATEMENT

*[Signature]*

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

Date

407-290-2391

Daytime Phone #

CR2E081 (9/99)