

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10FL

APPLICATION FOR REINSTATEMENT

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

FILED

01 APR 17 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L33423

1. Corporation Name

EQUIVEST DEVELOPMENT VENTURES, INC.

Principal Place of Business

Mailing Address

P. O. BOX 1472 15666
JACKSONVILLE FL 32201
US Fernandina Bch, FL
32035

P. O. BOX 1472 15666
JACKSONVILLE FL 32201
US Fernandina Bch, FL
32035

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable
PO Box 15666

3. New Mailing Office Address, If Applicable
PO Box 15666

4. Date Incorporated or Qualified To Do Business in Florida

11/29/1989

Suite, Apt. #, etc.
Fernandina Bch, FL

Suite, Apt. #, etc.
Fernandina Bch, FL

5. FEI Number

65-0161283

Applied For

X Not Applicable

Zip 32035 Country USA

Zip 32035 Country USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	BROWN, TONY T.	3935 MUIRFIELD BLVD. E. 2901 S. Fletcher Ave.	JACKSONVILLE FL 32225 Fernandina Bch, FL 32034
SV	BROWN, LAWANDA	3935 MUIRFIELD BLVD. E. 2901 S. Fletcher Ave.	JACKSONVILLE FL 32225 Fernandina Bch, FL 32034
			800004065448--7 -04/25/01--01007--006 ****158.75 ****158.75
			800004065448--7 -04/25/01--01007--007 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, TONY T.
3935 MUIRFIELD BLVD. E.
JACKSONVILLE FL 32225

Name
Tony T. Brown
Street Address (P.O. Box Number is Not Acceptable)
2901 S. Fletcher Ave.
Suite, Apt. #, Etc.
City
Fernandina Bch
State
FL
Zip Code
32034

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 4/21/2001

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., 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 REQUIRED
T. Brown

Date

Daytime Phone #

(904)
556-5665

CR2E040 (8/00)

2062

P.O. Box 15666
Fernandina Beach, Florida 32035
Telephone: (904)556-5665
Fax: (904)277-2713

Equivest Development Ventures, Inc.

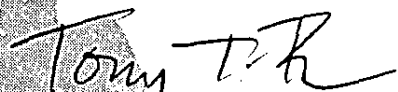
January 21, 2001

Florida Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is a request for you to waive the penalty fees as I never received noticed for renewal. The corporation had relocated to Dallas, TX in 2000 and no forward mail was received. As instructed on the telephone, I am enclosing my fee for \$150.00.

Sincerely,



Tony T. Brown
President



Dedicated to quality customer service...