PLEASE READ ALL INSTRUCTIONS BEFORE COM

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# L 39202

1. Corporation Name

CIRCUIT DEVELOPMENT CO INC

APPROVEL

05 APR 20 PM 3: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Offi 5420 EAG	ico Address LES POINT CIR.	3. Mailing Office 5420 EAGLE	REINSTATEMENT 97-05			
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT. 304				
	APT. 304			Date Incorporated or Qualified To Do Business in Florida 12/29/89		
City & State SARASOTA FL.		City & State SARASOTA FL.		5. FEI Number 65-0176478	Applied For Not Applicable	
^{Zip} 34231	Country SARASOTA	Zip 34231	Country SARASOTA	6. CERTIFICATE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
		7. Nam	e and Address of Current Regi	stered Agent		
N	Iame CHARLES SANFILIPPO)				
5 5	treet Address (P.O. Box Number 420 EAGLES POINT C	is Not Acceptable)	50005466 05/17/050102700	7546 36 **13 3.75		
	uite, Apt. #, Etc. PT. 304					
	ity ARASOTA			State Zip Code		

Signature of Registered	Agent Mule Sinfeling REGISTER	_{Date} 4/18/05						
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					
Р	CHARLES SANFILIPPO	5420 EAGLES POINT CIR.	SARASOTA FL. 34231					
VP	GLORIA NATTBOY	5420 EAGLES POINT CIR.	SARASOTA FL. 34231					

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.

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.

SIG	NA	TL	JR	E:

4/18/05

941 927 7132

Daytime Phone #