PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 21 PM 2:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M64709**

1 Corporation Name
NORTHSHORE DEVELOPMENT CORPORATION OF SEMINOLE COUNTY

Principal Place of Business
~~P.O. BOX 542330~~
~~MERRITT ISLAND FL 32954-2330~~
3410 S. TROPICAL TRAIL
MERRITT ISL, FL. 32952

Mailing Address
~~P.O. BOX 542330~~
~~MERRITT ISLAND FL 32954-2330~~
3410 S. TROPICAL TRAIL
MERRITT ISL, FL. 32952

REINSTATEMENT 96 aa

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

2. New Principal Office Address, If Applicable: 3410 S. TROPICAL TRAIL
Suite, Apt. #, etc.: MERRITT ISL FL.
City & State
Zip: 32952 Country: BREVARD

3. New Mailing Office Address, If Applicable: 3410 S. TROPICAL TRAIL
Suite, Apt. #, etc.: MERRITT ISL FL
City & State
Zip: 32952 Country: BREVARD

4. Date Incorporated or Qualified To Do Business in Florida: 01/14/1988

5. FEI Number: 59-2893574 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	WILLIAMS, ROGER S	~~34 MITCHEL STREET~~ 3410 S. TROPICAL TRAIL	~~COCOA FL 32922~~ MERRITT ISL, FL. 32952

500002014575--6
-11/26/96--01112--003
****375.00 ****375.00

8. Name and Address of Current Registered Agent
WILLIAMS, ROGER S
~~34 MITCHEL STREET~~
~~COCOA FL 32922~~
3410 S. TROPICAL TRAIL
MERRITT ISL FL.
32952

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

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] REGISTERED AGENT MUST SIGN Date 11/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12 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] 11/18/96 407-454-4388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)