

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY 30 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M90844

1. Corporation Name

PENAN DEVELOPMENT CORP.

2. Principal Office Address

224 GLENNWOOD DRIVE

Suite, Apt. #, etc.

THE HAMLET

City & State

DELRAY BEAC, FL

Zip

33445

Country

USA

3. Mailing Office Address

c/o STAHL & ASSOC.

Suite, Apt. #, etc.

138 N. SWINTON AVENUE

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/25/1988

5. FEI Number

65-0078526

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

100004485071--6

-07/19/01--01004--003

***1050.00 ***900.00

1050.00

7. Name and Address of Current Registered Agent

Name

JAMES F. STAHL

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

138 NORTH SWINTON AVENUE

Suite, Apt. #, Etc.

n/a

City

DELRAY BEACH,

State

FL

Zip Code

33444

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

REGISTERED AGENT MUST SIGN

Date

5/24/01

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
SD	PENNEY, PHYLLIS	224 GLENNWOOD DRIVE	DELRAY BEACH, FL 33445
CPD	PENNEY, DONALD C.	224 GLENNWOOD DRIVE	DELRAY BEACH, FL 33445

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

PHYLLIS PENNEY, SEC.

Date

Daytime Phone #

5/24/01 (561) 265-22

CR2E081 (9/00)