

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV -5 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000004474**

1. Corporation Name

UNITED DEVELOPMENT CORPORATION

Principal Place of Business

**6024 N POWERS DR. SUITE 186
ORLANDO FL 32818**

Mailing Address

**6024 N POWERS DR. SUITE 186
ORLANDO FL 32818**



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

2. New Principal Office Address, If Applicable

6737 Lumber Jack Ln

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

34761

Country

U.S.

3. New Mailing Office Address, If Applicable

6737 Lumber Jack Ln

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

34761

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

5. FEI Number

59-3657576

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 3	City / State / Zip 4
W/D.	John F. Conley	6024 N POWERS DR. SUITE 186 6737 Lumber Jack Ln	ORLANDO FL 32818 Orlando, FL 34761
D.	JARRETT GRADY AL Granon B. Taylor	6024 N POWERS DR. SUITE 186 6737 Lumber Jack Ln	ORLANDO FL 32818 Orlando, FL 34761
E/D.	WILLIAM EDWARD James Broadus	6024 N POWERS DR. SUITE 186 6737 Lumber Jack Ln	ORLANDO FL 32818 Orlando, FL 34761
D.	OWENS, TAMME Roy Hester	6024 N POWERS DR. SUITE 186 6737 Lumber Jack Ln	ORLANDO FL 32818 Orlando, FL 34761
D.	HAL Taylor	6737 Lumber Jack Ln	Orlando, FL 34761
W/D.	Shawnte Broadus	6737 Lumber Jack Ln	Orlando, FL 34761

8. Name and Address of Current Registered Agent

**CONLEY, JOHN
3024 N POWERS DR, SUITE 186
ORLANDO FL 32818**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

John F. Conley

6737 Lumber Jack Ln

**100004698891--0
-11/29/01--01070--013**

Orlando

*****245 S403 Z***245.00**

FL 34761

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

John F. Conley

REGISTERED AGENT MUST SIGN

REINSTATEMENT

Date

10/31/2001

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Conley

Date

10/31/2001

Daytime Phone #

407-298-0147

CR2040 (8/01)