

Page 2 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000115909 3)))



H110001159093ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
DELAND DEVELOPMENT CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$358.75

Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

11 APR 27 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000010810

1. Corporation Name

DELAND DEVELOPMENT CORPORATION

2. Principal Office Address - No P.O. Box #

1450 S. Woodland Blvd.

3. Mailing Office Address

1450 S. Woodland Blvd.

Suite, Apt. #, etc.

Suite 200A

Suite, Apt. #, etc.

Suite 200A

City & State

DeLand, Florida

City & State

DeLand, Florida

Zip

32720

Country

USA

Zip

32720

Country

USA

CR22091 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida 10/31/20075. FEI Number
26-1404892Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DELAND HOUSING AUTHORITY

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

1450 S. Woodland Blvd.

Suite, Apt. #, Etc.

Suite 200A, c/o Linda A. McDonnell

City

DeLand

State

FL

Zip Code

32720

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0602, F.S.

DELAND HOUSING AUTHORITY

Signature of Registered Agent By: Linda A. McDonnell

REGISTERED AGENT MUST SIGN

Date 4/27/2011

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
P	Linda A. McDonnell	1450 S. Woodland Blvd, Ste. 200A	DeLand, FL 32720
S/D	H. Vann Rhodes	1450 S. Woodland Blvd, Ste. 200A	DeLand, FL 32720
T/D	Trude Cole-Hill	1450 S. Woodland Blvd, Ste. 200A	DeLand, FL 32720
D	Janette Fortner	1450 S. Woodland Blvd, Ste. 200A	DeLand, FL 32720
D	Richard Lynn	1450 S. Woodland Blvd, Ste. 200A	DeLand, FL 32720
D	Ruth D. Stanley	1450 S. Woodland Blvd, Ste. 200A	DeLand, FL 32720

10. E-mail Address: msyme@cohenlaw.com

(To be used for future annual report notification)

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, I further certify, 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: Linda A. McDonnell, President 4/27/2011 386-736-1696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #