	PLEASE READ	ALL INS	TRUCTION	S BEFORE (	COMPLET	ING THIS FORM.	$\Delta \Omega_{\star}$
DEIN	ELIGATION FOR ISTATEMENT	FLORID	a nerina Secretary of	OF STATE	SEC TALL	FILED CRETARY OF STATE AHASSEE, FLORIDA	in
1. Corpor	UMENT # P0000 ation Name EVELOPERS, INC.	00116 <sup>-</sup>	15		010	OCT 22 PM 12: 45	
Principal Place of Business Mailing Addr			ress			II BERIL BELIL BELIL BELIK BELIK BELIK BE	: 1:0
DELAND F		32720				<b>11. 1</b> 1. 11. 11. 11. 11. 11. 11. 11. 11.	
	rincipal Office Address, If Applicable	ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     Auguntary			
Suite, Apt. #, etc. Suite, Apt. #			, etc.		5. FEI Number Applied For		
City & State City & State					- ,	59-3628694 Not Applicable	
Zip	ip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpo	orations must list at le	ast 3 directors)		
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip	
DPST	HOUCK, JAMES D		3699 CROSS BRANCH RD.			DELAND FL 32724	
DV	HOUCK, JOHN W		545 W. BELMONT AVE., #2W		CHICAGO IL 60657		
DV	HOUCK, THOMAS C		34505 HAMMOND LN.			EUSTIS FL 32726	
DV	DAVIDSON, ALYSSA A	211 W. PENNSYLVANIA AVE.		DELAND FL 32720			
			·		21	000046705	72-020
						****150.00 ****150.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
	CK, JAMES D CROSS BRANCH RD.	25	Name Street Address (P.O. Box Number is Not Acceptable)			CRZE040 (8/01)	
DELA	ND FL 32724		Suite, Apt. #, Etc	).			

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.

11.1 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 filling 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

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

1 2

Signature of Registered Agent

State Zip Code



October 19, 2001

Division of Corporations
Annual Report\Reinstatement Section
PO BOX 6327
Tallahassee, Florida 32314-6327

## - To Whom It May Concern: •

I received this "Notice of Administrative Dissolution or Revocation" today. This is the first notice I have had regarding the submission of an annual report. This is a new corporation and I was unaware that this needed to be filed. Therefore, I did not know to expect this packet. Per the recording at your office, I am enclosing the reinstatement form and a check for \$150.00 along with this letter.

If you should need any further information regarding this matter, please contact me at (386) 740-9779.

Alvssa Davidson

Vice President JTJ Developers, Inc.