

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 MAY 23 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000027481**

1. Corporation Name

Equality Development, Inc.

2. Principal Office Address

901 S.W. 71 AVE

Suite, Apt. #, etc.

D

City & State

Miami FL

Zip

33144

Country

USA

3. Mailing Office Address

327 S.W. 77 AVE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33144

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/00

5. FEI Number

65-0991251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Abraham Leiva

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

327 S.W. 77 AVE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

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

Abraham Leiva

REGISTERED AGENT MUST SIGN

Date

5/17/02

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
PSTD	Susan Leiva	3620 S.W. 126 AVE	Miami FL 33175

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*****300.00 ***300.00**

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:

Susan Leiva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan Leiva

Date

(305) 264-1811

Daytime Phone #

2jr

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEAR, SIR'S

I would appreciate that you may please reinstate my corporation and kindly waive any and all the late fees, I never received any of the renewal notices and I greatly appreciate your understanding related to this matter thank you.

SINCERELY YOUR'S


SUSAN LEIVA