

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11/25/09--01003--011 \*\*1358.75

CR2E081 (12/08)

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P00000030007</b>			
<b>1. Corporation Name</b>  Somerset Development of Brevard, Inc.			
<b>2. Principal Office Address - No P.O. Box #</b> 925 N. Courtney Pkwy		<b>3. Mailing Office Address</b> 925 N. Courtney Pkwy	
Suite, Apt. #, etc. Suite 28		Suite, Apt. #, etc. Suite 28	
City & State Merritt Island, FL		City & State Merritt Island, FL	
Zip 32953	Country USA	Zip 32953	Country USA
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 3/23/2000			
<b>5. FEI Number</b> 593645030		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b> Name Philip F. Nohrr Street Address (P.O. Box Number is Not Acceptable) 1795 West Nasa Blvd. Suite, Apt. #, Etc. City Melbourne State FL Zip Code 32901			
<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
<b>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.</b> Signature of Registered Agent <u>Philip F. Nohrr</u> Date <u>Nov. 19, 2009</u> REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Maurice Kodsí	POB 320637 NA	Cocoa Beach, FL 32932
DVPS	Robert Kodsí	POB 320637 PA	Cocoa Beach, FL 32932
VP	Michael Kodsí	POB 320637 MA	Cocoa Beach, FL 32932
<b>REINSTATEMENT</b> 05-09			
<b>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 contained in Chapter 119, 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.</b>			
SIGNATURE: <u>Maurice Kodsí</u>		Maurice Kodsí, President Date 321-453-5360 Daytime Phone #	