

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 12 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000049370

1. Corporation Name
Slice of Heaven Development, Inc.

REINSTATEMENT 01-04

2. Principal Office Address
225 Talquin Cove

Suite, Apt. #, etc.

3. Mailing Office Address
225 Talquin Cove

Suite, Apt. #, etc.

City & State
Destin, FL

City & State
Destin, FL

Zip
32541

Country
US

Zip
32541

Country
US

400028639554
02/12/04--01023--002 **1200.00

4. Date Incorporated or Qualified
To Do Business in Florida 5/18/2000

5. FEI Number
59-3659021

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
Terry L. Earnest

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

Suite, Apt. #, Etc.

City
Destin

State
FL

Zip Code
32541

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

Terry L. Earnest

REGISTERED AGENT MUST SIGN

Date 2/5/04

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
<u>P, V, T, S</u>	<u>Terry L. Earnest</u>	<u>225 Talquin Cove Destin, FL 32541</u>	<u>Destin, FL 32541</u>

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:

Terry L. Earnest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04
Date

850-259-5715
Daytime Phone #

CR2081 (01/04)