

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV -2 PM 5:00

DOCUMENT # P00000060668

1. Corporation Name

DEV INVESTMENTS INC.

Principal Place of Business

4320 NW 23RD AVENUE  
GAINESVILLE FL 32606

Mailing Address

4320 NW 23RD AVENUE  
GAINESVILLE FL 32606



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

KAMADA LTD.

Suite, Apt. #, etc.

5625 MAJOR BLVD

City & State

ORLANDO, FL

Zip

32819

Country

U.S.A.

3. New Mailing Office Address, If Applicable

6341 CONROY RD, # 2503

Suite, Apt. #, etc.

APT. 2503

City & State

ORLANDO, FL

Zip

32835

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/2000

5. FEI Number

59-3661447

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	AMIN, DEVENDRA	4320 NW 23RD AVENUE	GAINESVILLE FL 32606

8. Name and Address of Current Registered Agent

HARWOOD, CJ  
1021 SHAWNDA LANE  
KISSIMEE FL 34744

9. Name and Address of New Registered Agent

Name DEVENDRA, AMIN

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

6341 CONROY ROAD

Suite, Apt. #, Etc.

APT. 2503

City

ORLANDO

State

FL

Zip Code

32835

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-29-01

AD

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Devendra Amin,  
DEV. INVESTMENTS INC.,  
6341 CONROY ROAD,  
ORLANDO, FL 32835  
10-29-01

To,  
Division of Corporation,  
P.O. Box 6327  
TALLAHASSEE, FL 32314.

Dear Sir,

RE: Document No: P00000060668.

With reference to my telephone conversation with your office regarding the attached notice. Please note I filed my Papers with Cheque in APRIL 2001. To-date I have not received any correspondence from your office as related to me.

As requested I hereby enclosed the form as requested. Please also note change of my Address.

Thanking you



D. Amin