

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000074745

1. Corporation Name

FIRST TIME DEVELOPMENT, INC

Principal Place of Business

~~9490 E FOWLER~~
~~THONOTOSASSA FL 33592~~

Mailing Address

~~9490 E FOWLER~~
~~THONOTOSASSA FL 33592~~

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

2. New Principal Office Address, If Applicable

212 W. Francis Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

212 W. Francis Ave
Suite, Apt. #, etc.

City & State

Tampa, FL 33605
Zip

City & State

Tampa, FL 33605
Zip

Country
Hillsborough

Country
Hillsborough

4. Date Incorporated or Qualified
To Do Business in Florida

08/07/2000

5. FEI Number

59-3663387

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>VP</u>	RUSHING, KENNETH	9490 E FOWLER	THONOTOSASSA FL 33592
<u>S</u>	JACKSON, VUANITA	9490 E FOWLER	THONOTOSASSA FL 33592

400004746754--9
-01/02/02--01034--026
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

~~JACKSON, DONALD~~
~~9490 E FOWLER~~
~~THONOTOSASSA FL 33592~~

Kenneth P. Rushing
212 W. Francis Ave
Tampa, FL 33605

9. Name and Address of New Registered Agent

Name Kenneth P. Rushing (President)

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

212 W. Francis Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

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

Kenneth P. Rushing
REGISTERED AGENT MUST SIGN

Date 12/13/01

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:

Kenneth P. Rushing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/01

Date

Daytime Phone #

813 728-8107

FILED

01 DEC 18 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2001

CR2E040 (8/01)