

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084951

1. Corporation Name

WATERFRONT DEVELOPMENT INVESTMENT CORP.

2. Principal Office Address

P. O. Box 32335

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 32335

Suite, Apt. #, etc.

City &amp; State

Palm Beach Gardens, FL

City &amp; State

Palm Beach Gardens, FL

Zip

33420

Country

USA

Zip

33420

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/08/00

5. FEI Number

65-1058132

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

Robin Arrighi

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

10130 NORTH LAKE BLVD, STE 274-112

Suite, Apt. #, Etc.

City

WEST PALM BEACH, FL 33412

State  
FL

Zip Code

33420

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

Robin Arrighi, President

REGISTERED AGENT MUST SIGN

Date

12-5-02

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
PVST	Arrighi, Robin	P. O. Box 32335	Palm Beach Gardens, FL 33420

100009423251  
2/09/02--01093--002 \*\*75 .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:

Robin Arrighi, President

Robin Arrighi, President

12/5-02

561-252-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #