

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000092657			
1. Corporation Name NEWBURY DEVELOPMENT CORP.			
Principal Place of Business 1131 S. DELANEY AVENUE ORLANDO FL 32806		Mailing Address 1131 S. DELANEY AVENUE ORLANDO FL 32806	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 33 N. Summerville Ave. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 33 N. Summerville Ave. Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32801 Country USA		City & State Orlando, FL Zip 32801 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 09/28/2000		5. FEI Number 59-3676726 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.T.	Barry L. Miller	33 N. Summerville Ave.	Orlando, FL 32801
V.P.S.	Mark L. Kirchla	1131 S. Delaney Ave.	Orlando, FL 32806
8. Name and Address of Current Registered Agent MILLER, BARRY L 33 N. SUMMERLIN AVENUE ORLANDO FL 32801		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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 Date 10/17/01 REGISTERED AGENT MUST SIGN			
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 10/17/01 Daytime Phone #			

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FILED
01 OCT 19 PM 4:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA



5/11/01 90027 017-15000

CR2040 (8/01)

2012

Newbury Development Corp.
33 North Summerlin Avenue
Orlando, Florida 32801

October 17, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

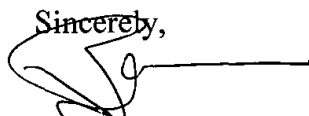
Re: Reinstatement

Dear Sir or Madam:

Enclosed please find the Application for reinstatement. According to your records our initial filing was rejected due to the lack of the FEI Number. Our office never received this rejection and until we received this application for reinstatement we had no idea of the insufficiency of our original filing. The person we spoke with at your offices said that since your records indicate that you cashed our checks and we did indeed respond in a timely fashion to all requests, that you would waive the reinstatement fee.

Thank you in advance for your cooperation and response to this matter.

Sincerely,



Barry L. Miller
President

BLM/kph