

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -4 PM 3:11

DOCUMENT # P00000103740

1. Corporation Name

LA PERLA DEVELOPMENT GROUP, INC.

Principal Place of Business

6880-46TH AVE NORTH STE 240  
ST PETERSBURG FL 33709

Mailing Address

6880-46TH AVE NORTH STE 240  
ST PETERSBURG FL 33709



2002 4BR

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1760388

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	REED, JOHN W	9000-94TH AVE. N.	SEMINOLE FL 33777

6000009355486  
12/04/02--01084--001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REED, JOHN W  
6880-46TH AVE NORTH STE 240  
ST PETERSBURG FL 33709

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/22/02

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]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

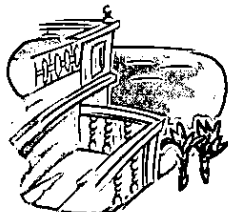
10/22/02 727-639-0823

CR2E040 (8/02)

20f2

# La Perla Development Group, Inc.

Post Office Box 10007  
Largo, FL 33773  
Phone: 727-541-7472  
Fax: 727-545-9942



October 22, 2002

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

RE: Annual Corporate Report  
Document #P00000103740

Dear Sirs:

Enclosed, please find a check in the amount of \$150.00 for the filing fee for La Perla Development Group, Inc. Please be advised that the two prior uniform business reports for La Perla Development Group, Inc. were not received by our office, however the other seven companies that I own were, therefore, I would like to request that the filing reinstatement penalty fee be waived.

Should there be any questions or problems with this request, please contact me at the above phone number.

Sincerely,

A handwritten signature in cursive script that reads 'John W. Reed'.

John W. Reed  
President and/or Officer of La Perla Development Group, Inc.

JWR:mt