

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000043398

1. Corporation Name

Business Development Associates OF NORTH  
AMERICA, INC.

2. Principal Office Address - No P.O. Box #

4012 NW 64TH PLACE

Suite, Apt. #, etc

City & State

GAINESVILLE FL

Zip

32653

Country

USA

3. Mailing Office Address

5200 NW 43 STREET

Suite, Apt. #, etc.

102-381

City & State

GAINESVILLE FL

Zip

32606

Country

USA

**7. Name and Address of Current Registered Agent**

Name

LATHAM, WILLIAM C

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

4012 NW 64TH PLACE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32653

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

REGISTERED AGENT MUST SIGN

Date

27 APR 09

**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
PMD	LATHAM, WILLIAM C	4012 NW 64TH PLACE	GAINESVILLE FL 32653
TSD	MCGINNIS, DAN L	4611 NE 14TH STREET	OCALA FL 34471
D	PRIVAT, MICHAEL P	1811 ORANGE PICKER ROAD	JACKSONVILLE FL 32223
D/C	MIMS JR, CLINTON F	5822 NE 61ST COURT	SILVER SPRINGS FL 34488

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 contained in Chapter 119, 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

27 APR 09

Daytime Phone #

352-246-3709

FILED

09 MAY -1 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100155016451

05/01/09--01016--003 \*\*1050.00

REINSTATEMENT 02-09

4. Date Incorporated or Qualified  
To Do Business in Florida

04/27/2001

5. FEI Number

59-3720475

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.