

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 19 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000056699**

1. Corporation Name

MOSAIC DEVELOPMENT PARTNERS, INC.

2. Principal Office Address

22054 MARTINEZ ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 8478

Suite, Apt. #, etc.

City & State

WOODLAND HILLS, CA

City & State

CALABASAS, CA

Zip

91364

Country

USA

Zip

91372

Country

USA

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAY 31, 2001

5. FEI Number

59-3727998

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

IVAN M. LEFKOWITZ

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

430 NORTH MILLS AVE.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

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

[Signature]

Date

1-14-05

REGISTERED AGENT MUST SIGN

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
PRES/ TREAS/ DIRECT.	CATHERINE MOULTON	22054 MARTINEZ ST.	WOODLAND HILLS, CA 91364
VP/ SEC/ DIRECTOR	RICHARD RICH	22054 MARTINEZ ST.	WOODLAND HILLS, CA 91364

200044981092
01/13/05 01600 024 *458.75**

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:

[Signature]

CATHERINE MOULTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/05

Daytime Phone #

818 340-2883

CR2E081 (01/05)

2872

Mosaic Development Partners, Inc.

P.O. Box 8478
Calabasas, CA 91372

January 12, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Reinstatement for Mosaic Development Partners, Inc.
Document Number: P01000056699

To Whom It May Concern:

The subject Florida Corporation has been administratively dissolved and I am requesting reinstatement.

Also, because I have moved out of state, I did not receive any of the annual mailings and therefore request that the reinstatement fee be waived. I am enclosing a completed Corporation Reinstatement Form along with a check for the Annual Report Fee and Corporate Supplemental Fee for the three years, plus the Certificate of Status Fee totaling \$ 458.75.

I appreciate your help in this matter.

Sincerely,



Catherine Moulton
President, Mosaic Development Partners, Inc.
cmoulton@mosaicdevelopment.com
(818) 340-2883

Enclosures

Cc: Richard Rich
Tom Shaw