

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000067286

1. Corporation Name

Fellowship Land Developement Corporation

03 SEP 22 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

2559 Webb Ave.

3. Mailing Office Address

2559 Webb Ave

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

Zip

33444

Country

U.S.A.

Zip

33444

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

7/9/2001

5. FEI Number

65-1117983

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

Ron Brito

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

2559 Webb Ave.

Suite, Apt. #, Etc.

Suite #2

City

Delray Beach, Florida

State

FL

Zip Code

33444

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

Date 9/9/03

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
P/T	Jerry E. Rendina Jr.	5633 Desaintes Circle	Boynton Beach, Fl.33437
V/S	Ronald Brito	198 S.E. 27th Ave.	Boynton Beach, Fl. 33435

REINSTATEMENT

02-03
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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: U.P. / RON BRITO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Date

1-800-293-9701

Daytime Phone #

CR2E081 (10/02)