

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096501

1. Corporation Name

DEVELOPMENT CATALYSTS, INC.

Principal Place of Business

Mailing Address

~~1950 LARGO PLACE~~
JACKSONVILLE FL 32207

~~1950 LARGO PLACE~~
JACKSONVILLE FL 32207

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

1950 Largo Place
Suite, Apt. #, etc. Suite 200

1950 Largo Place
Suite, Apt. #, etc. Suite 200

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/2001

5. FEI Number

Applied For

Not Applicable

5937492116
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
D	C. EDWARD VANDERGRIF	1950 LARGO PLACE	JACKSONVILLE FL 32207

900008818559
11/06/02--01029--007 **158.75

11/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C. EDWARD VANDERGRIF
1950 LARGO PLACE
JACKSONVILLE FL 32207

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 REQUIRED.

REGISTERED AGENT MUST SIGN

Date

10/31/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02 904.699.1181
Date Daytime Phone #

CR2040 (8/02)



Development Catalysts™

Development Resources and Capital for the Design and Construction Industry

November 2, 2002

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

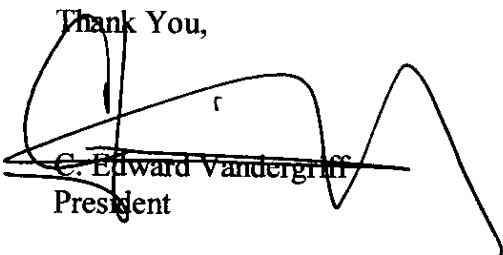
Florida Department of State:

Please find enclosed the form required to reinstate Development Catalysts, Inc. as a Florida corporation. Also enclosed is check #1013 in the amount of \$158.75 to pay the required fees.

Development Catalysts, Inc. is a newly formed company. As a result, it had not been required to file the appropriate Annual Report until 2001 and never received any URB notices.

This report will now appear in Development Catalysts, Inc. year-end checklist as to file in a timely fashion in 2003.

Thank You,


C. Edward Vandergriff
President

1950 Largo Place, Suite 200

Jacksonville, Florida 32207

Ph: 904.399.2388

fax: 904.399.3249

www.devcatalysts.com