

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 AM 8:00

DOCUMENT # P01000102001

1. Corporation Name

CONQUEST DEVELOPMENT, INC

2. Principal Office Address

2395 S. OCEAN BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

2395 S. OCEAN BLVD

Suite, Apt. #, etc.

City & State

HIGHLAND BCH FL

City & State

HIGHLAND BCH, FL

Zip

33487

Country

US

Zip

33487

Country

US

300023514163

10/02/03- 01053--020 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/2001

5. FEI Number

051154519

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

ANTHONY F PASQUALE

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

2395 S. OCEAN BLVD

Suite, Apt. #, Etc.

City

HIGHLAND BCH

State

FL

Zip Code

33487

MRS

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

Anthony F Pasquale

REGISTERED AGENT MUST SIGN

Date

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.	ANTHONY F PASQUALE	2395 S. OCEAN BLVD	HIGHLAND BCH, FL. 33487

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

Anthony F Pasquale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY F PASQUALE

Date

9/24/03

Daytime Phone #

561-239-0924

CR2E081 (10/02)