12/15/04 01057 003 *750.00

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000002981

1. Entity Name
VALUE DEVELOPMENT CORPORATION

FILED
04 DEC 21 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12202004 REIN-P CR2E098 (6/04) MRD

Principal Place of Business	Mailing Address
5440 N STATE RD 7, #204 FT LAUDERDALE, FL 33319	5440 N STATE RD 7, #204 FT LAUDERDALE, FL 33319

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 01-0686089 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCUS, NORMAN 5440 N STATE RD 7, #204 FT LAUDERDALE, FL 33319	Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 04 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 12-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARRY, CHRISTINE	NAME	
STREET ADDRESS	5440 N STATE RD 7, #204	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33319	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, LEONARD	NAME	
STREET ADDRESS	5440 N STATE RD 7, #204	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 33319	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 12-20-04 954 497-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #