(((H05000191016 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE CO

FILED
Aug 10, 2005 8:00 A.M.
Secretary of State

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-05

DOCUMENT # P02 0000 11635

1. Corporation Name
Devault Business Development, Inc.

2. Principal Office Address	3. Mailing Office Address
7719 Fox Knoll Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State
Zip: 32792 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/28/2002

5. FEI Number: 75-3053390 (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: Nathan E. Devault

Street Address (P.O. Box Number is Not Acceptable): 7719 Fox Knoll Place

Suite, Apt. #, Etc.

City: Winter Park | State: FL | Zip Code: 32792

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: Nathan E. DeVault — Date: 8/7/05
REGISTERED AGENT MUST SIGN

CR2E.061 (01/05)

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
PD	Nathan E. Devault	7719 Fox Knoll Place	Winter Park, FL 32792
VD	Megan C. Devault	7719 Fox Knoll Place	Winter Park, FL 32792

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: _____ 8/7/05 407-341-1726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(((H05000191016 3)))

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000191016 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : AKERMAN SENTERFITT & EIDSON
Account Number : 076656002425
Phone : (407)843-7860
Fax Number : (407)843-6610

CORPORATION REINSTATEMENT

DEVAULT BUSINESS DEVELOPMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00

Electronic Filing Menu Corporate Filing Public Access Help