

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 18 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 903000004338

1. Corporation Name

Archetypes Development, Inc.

REINSTATEMENT
CF2E081 (1/07)

0.4-07

2. Principal Office Address - No P.O. Box #
1008 St. Johns Ave

Suite, Apt. #, etc.

City & State
Green Cove, Florida

Zip
32043

Country
USA

3. Mailing Office Address
1008 St. Johns Ave

Suite, Apt. #, etc.

City & State
Green Cove, Florida

Zip
32043

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **01/09/2003**

5. FEI Number
59-3763517

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Lillian M Martin

Street Address (P.O. Box Number is Not Acceptable)
1008 St. Johns Ave

Suite, Apt. #, Etc.

City
Green Cove Springs

State Zip Code
FL 32042

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **10/17/07**

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
D	Lillian M. Martin	1008 St. Johns Ave	Green Cove, FL 32043

300110000000
10/18/07--01045--004 **608.75

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 contained in Chapter 119, 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:

10/17/2007

904-504-7196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/07