

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000066309

1. Corporation Name

GEORGIA DEVELOPMENT INC

2. Principal Office Address - No P.O. Box #

3500 ISLAND BLVD.

Suite, Apt. #, etc.

D 105

City & State

AVENTURA FL

Zip

33160

Country

USA

3. Mailing Office Address

3500 ISLAND BLVD.

Suite, Apt. #, etc.

3500 ISLAND BLVD.

City & State

3500 ISLAND BLVD.

Zip

33160

Country

USA

7. Name and Address of Current Registered Agent

Name
SAMIR DICHY

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

3500 ISLAND BLVD

Suite, Apt. #, Etc.

D 105

City
AVENTURA FL

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date **DEC 10, 2007**

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
PDS	SAMIR DICHY	3500 ISLAND BLVD	AVENTURA FL 33160

000113136240
12/14/07--01010--019 **1208.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 10 2007

Date

(305)491-4949

Daytime Phone #

FILED

2007 DEC 14 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 13, 2003

5. FEI Number

45-0559576

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

☐ 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.

DEC 14 2007