

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 20 PH 4: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000070433

1. Corporation Name

ALNILAM DEVELOPMENT CORPORATION

2. Principal Office Address

60 SAGRIS COVE

Suite, Apt. #, etc.

City & State

MIRAMAR BEACH, FL

Zip

32550

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

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

WILLIAM G KILPATRICK JR

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

35008 EMERALD COAST PARKWAY

Suite, Apt. #, Etc.

SUITE 203

City

DESTIN

State

FL

Zip Code

32541

600062292846
12/20/05--01039--017 **750.00

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

William G Kilpatrick Jr

Date

12/16/05

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, V, T	GEORGE FRANKFURTER	60 SAGRIS COVE	MIRAMAR, FL 32550
D, P	JAMES A DISMUKES	1854 STELLA LANE	FT WALTON BEACH, FL 32548
S	ZAFRINA FRANKFURTER	60 SAGRIS COVE	MIRAMAR, FL 32550
		<i>12/20</i>	

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:

George M. Frankfurter
George M. Frankfurter

Date

12/16/2005 888-654-5250

Daytime Phone #