

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000024355

1. Corporation Name

Structural Development Co

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

3240 1st Avenue NW

Suite, Apt. #, etc.

City & State

Naples Florida

Zip

34120

Country

USA

3. Mailing Office Address

3240 1st Avenue NW

Suite, Apt. #, etc.

City & State

Naples Florida

Zip

34120

Country

USA

7. Name and Address of Current Registered Agent

Name

Jose Diaz

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

3240 1st Avenue NW

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

4. Date Incorporated or Qualified

To Do Business in Florida 02/2008

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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.

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 12/05/2008

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
PST	Diaz, Jose R	3240 1st Avenue NW	Naples Florida 34120
VD	Diaz, Jose R	3240 1st Avenue NW	Naples Florida 34120

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:

Jose Diaz

12/05/2008

2392530027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 DEC -8 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400138687204
12/08/08--01043--024 **1058.75

REINSTATEMENT 02-08
CR2E081 (10/08)

12/8/08