Date of Dissolution: 09/14/2007

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	FILED 09 FEB 17 AM 8: 07	
DOCUMENT # POS 000 15448 1. Corporation Name SFDEV WM		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
		600142592576 02/02/0901015023 **300.00	
2. Principal Office Address - No P.O. Box# 3. Mailing of 4-BOO N. Federal they 4800	N. Federal Huy	CR2E081 (12/08)	
Suite, Apt. #, etc. St. 257 A Sie.	207 A	4. Date Incorporated or Qualified To Do Business in Florida	,
	Roton Fi	5. FEI Number Applied	
33431 country 15 zip 334	31 Country	6. CERTIFICATE OF STATUS DESIRED 12 \$8.76 Additional Fee for a Certificate of	
7. Name and Address of Current Regis	stered Agent	The reinstatement fee is imposed, exception circumstances which the entity did not received.	
Street Address (P.O. Box Number is Not Acceptable) [500 N Federal Huy Six 200		the prior notices. By checking this box, are certifying the prior notices were	you
Suite, Apt. #, Etc.	State Zip Code	received and requesting the reinstatem fee be waived.	nent
FORT Lauder dale 8. I, being appointed the registered agent of the above named corpo	FL 3330 4 pration, am familiar with and accept the ob	ligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered AgentREGISTERED AG	SENT WHET SIGN	Date	
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	
FROS SPEK COULTNEY	4800 N. Federal	they Boaldon Fr. 334	31
	GEA		
		600142592576 02/17/0901019023 **150.00	
REINSTATEMEN	NT	02/17/0901019023 **150.00	
	fin -		
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 Date Daytime Phone #			