

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY 20 P 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000110684

1. Corporation Name

ONE DEVELOPMENT GROUP, INC

200181144522
05/20/10--01005--015 **600.00

CR2E081 (4/10)

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

2393 S. CONGRESS AVE

3. Mailing Office Address

2393 S. CONGRESS

Suite, Apt. #, etc.

STE 214

Suite, Apt. #, etc.

STE 214

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

~~33906~~
33406

Country

USA

Zip

~~33906~~
33406

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/24/2006

5. FEI Number

20-5468235

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

WILLIE DANIELS

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

2393 S. CONGRESS AVE

Suite, Apt. #, Etc.

STE 214

City

WEST PALM BEACH

State

FL

Zip Code

33406

PROFIT CORPORATIONS ONLY

The \$600.00 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

Willie Daniels

Date 05/19/2010

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
P	WILLIE DANIELS	2393 S CONGRESS AVE STE 214	WEST PALM BEACH FL 33406 33406

REINSTATEMENT
2007-2010
[Signature]

10. E-mail Address: onedevlopmentgroup@gmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Willie Daniels

WILLIE DANIELS

05/19/2010

561-253-1085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #