

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 17 AM 7:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17583

1. Corporation Name

Ramsland Construction & Development
Co., Inc.

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

608 Tradewinds Dr
Suite, Apt. #, etc.

3. Mailing Office Address

"Same"

City & State

Deltona, FL

City & State

Zip Country

32738 USA

REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

581708381

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Castanon, Rhonda

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

1270 Orange Ave

Suite, Apt. #, Etc.

A.

City

Winter Park

State

FL

Zip Code

32789

☒ 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

Rhonda Castanon

Date 08/14/07

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&D	Fattizzi, Peter A.	300 Springsun Cr	Longwood, FL 32779
STD	Ramsland, Judith C.	608 Tradewinds Dr	Deltona, FL 32738

300109236409
08/17/07--01025--005 **608.75

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

08/15/07

Date

407-595-537

Daytime Phone #