

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 94-97
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 FEB 21 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100002096861--5
-02/25/97--01083--035
***1253.75 ***1253.75

DOCUMENT # PA200000 7225

1. Corporation Name

Derek Development Corporation of Florida

Principal Place of Business

Mailing Address

600 Jefferson St., Suite 610-39
Lafayette, LA 70501

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11-20-92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3178696

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Roland L. Robin	600 Jefferson, Ste. 610	Lafayette, LA 70501
V/S/T	Barbara H. Robin	600 Jefferson, Ste. 610	Lafayette, LA 70501

REINSTATEMENT 94-97

A. Alan

2/21/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

O'Brien, Kevin P.
707 N. Franklin St. Mall
Ste. 900
Tampa, FL 33602

Name

Roland L. Robin

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

162 Marina Del Rey Court

Suite, Apt. #, Etc.

City

Clearwater Beach FL

State

FL

Zip Code

34630

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/6/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

Date

Daytime Phone #

318-

266-2103

CP2E040 (12/96)