

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000052414			
1. Corporation Name FELSON DEVELOPMENT + CONSTRUCTION, INC.			
2. Principal Office Address 1053 U.S. Hwy 41 Bypass South Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State VENICE FL		City & State SARASOTA 34292 USA	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 59-3194574	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		\$8.75 Additional Fee required for a Certificate of Status	

FILED

01 NOV 30 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent	
Name RAMON A FELIX	300004725608--4 -12/14/01--01004--019 ****150.00 ***150.00
Street Address (P.O. Box Number is Not Acceptable) 1053 U.S. HIGHWAY 41 BYPASS SOUTH	
Suite, Apt. #, Etc.	
City VENICE	State FL
	Zip Code 34292

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 11/27/01
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	RAMON A FELIX	252 OSPREY POINT DRIVE	OSPREY FL 34229
VP	MICHAEL FELIX	2463 SONOMA DRIVE	NOKOMIS FL 34275

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 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:	11/27/01 941-485-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

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November 28, 2001

SECRETARY OF STATE
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FL 32314

RE: FELSON DEVELOPMENT & CONSTRUCTION, INC.

Dear Madam:

Please find enclosed an application for reinstatement of the above-referenced corporation, along with a check in the amount of \$150 for cost of same.

The corporation was administratively dissolved due to the non-receipt of the forms necessary to file the annual report. Therefore, it would be greatly appreciated if the Reinstatement Fee of \$600.00 is waived.

Should you require any further information, please do not hesitate to contact our office.

Sincerely,


RAMON A. FELIX
PRESIDENT

Enclosures