APPLICATION FOR REINSTATEMENT

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

FILED

98 APR -3 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008316

1. Corporation Name

Development Equity Corporation

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
200 Executive Way Ponte Vedra Beach, FL 32082	

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
N/A	N/A	1/24/94
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
City & State	City & State	59-3241404 — Applied For / Not Applicable
Zip — Country	Zip — Country	6. CERTIFICATE OF STATUS DESIRED [X] $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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P/D	Bruce W. Grewell	200 Executive Way	Ponte Vedra Bch, FL 32082
			800002481558---3 -04/07/98--01081--023 ****900.00 ****900.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
P.T. Hargrove 120 Azalea Pt. Dr. N. Ponte Vedra, FL 32082	Name Bruce W. Grewell Street Address (P.O. Box Number is Not Acceptable) 200 Executive Way Suite, Apt., Etc. City Ponte Vedra Beach State FL Zip Code 32082

CR2E040 (1/98)

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 3/25/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.   Yes [X] 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: _____   3/25/98   (904)273-3199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #