

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 AM 10:43

DOCUMENT # **P94000022543**

1. Corporation Name

RESIDENTIAL DESIGN + DEVELOPMENT CORPORATION

2. Principal Office Address

8001 S.W. 188th St.

Suite, Apt. #, etc.

3. Mailing Office Address

8001 S.W. 188th St.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33157

Country

USA

Zip

33157

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/23/94

5. FEI Number

65-0476243

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 91-00

7. Name and Address of Current Registered Agent

Name

JOHN F. COSGROVE

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

201 W. FLAGLER ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33130

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*****1208.75 ***1208.75**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/10/00

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
PD	FRANK COSGROVE	8001 S.W. 188th St. MIAMI FL 33157	MIAMI FL 33157
STD	THOMAS COOK	12851 S.W. 117th St.	MIAMI FL 33186

[Signature] 12/21

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/00

Date

(305) 255-4619

Daytime Phone #

CR2081 (9/99)