PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		Secreta	RTMENT OF STA ary of State corporations	TE	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 AUG 12 PM 2: 45
DOCUMENT # P94000044674						
S	f D	Land	Develop	ment, In	Cau	
2 Principa	al Office Address		-3Mailing-Office Add	ress		TETTARENT 04-00
2160 NW 79 SE			Sam	same. BEING		TATEMENT 09-05
			Suite, Apt. #, etc.			
Suite, Apt. #, etc. Suite, Apt. #, et					4. Date Inco	orporated or Qualified
Chi. 2 Died			City & State			usiness in Florida 6-15-94
City & State			City a Sizie		5. FEI Num	
	iami	<u> </u>	7:-	Louise	65	061224 Not Applicable
Zip Zip	(1) Couin	ıry	Zip	Country	6. CERTIFICA	ATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
ادر	7 /		7 Name and	Address of Current Be	nistered Anent	ior a benincate of Status
7. Name and Address of Current Registered Agent Name						
	M. Turnly Street Address (P.O. Box Number is Not Acceptable) 2 100 100 79 5+					
	Suite, Apt. #, Etc.					
	City					State Zip Code
	mu	m_1				FL 33147
8. I, being appointed the registered egent of the above named corporation, am familiar with end accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent BEGISTERS DAGENT MUST SIGN						
Signature of Signature of						
Registered Agent Dete S REGISTERED AGENT MUST SIGN						Deta 5 / / / / U S
9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors)						
Titles	Name of			Street Address of Each		
rilles	Officers and/or Directors			Officer and for D	rector	City / State / Zip
07	l m	Turner	ر ا	ileo neo	000	noise 1 22 147
		urion	·	iles nw	` +4	miami, 71,33141
	 			·	11	111000000711
					กลว้าร้	JUUS8696711 /DS01043015 **300.00
	<u> </u>	<u> </u>			- COT II	. 50 01070 010 ##300.00
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 turther certify that when filling 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 sit 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 ceth.						
		2011	X			
SIGNATURE: 8/11/05 (305) 696 469						
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deptime Phone #						
						•

S & D Land Development, Inc.

2160 NW 79 Street Miami, FL 33147

Department of State Division of Corporations P.O 6327 Tallahassee, FL 32314

Re: Doc. #P94000044674

Dear Sirs;

Enclosed please find a check in the amount of \$300.00 to reinstate my corporation. I did not receive any notification in the mail for 2004 or 2005 by mail so I am asking that the penalty fee be waived because of this.

Thank you in advance for your time and consideration.

Sincerely,

M. Turner