

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000045009

1. Corporation Name

SEVEN WAYS DEVELOPMENT, INC.

Principal Place of Business

9686 S. 147TH PLACE
SMITH SUNDY RD
DELRAY BEACH FL 33446
US

Mailing Address

2750
N.E. 57TH STREET
FT. LAUDERDALE FL 33308
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/16/1994

5. FEI Number

65-0505513

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	YESUDAS, K.J.	2750 NE 57TH STREET	FT. LAUDERDALE FL
VP	YESUDAS, PRABHA	2750 NE 57TH STREET	FT. LAUDERDALE FL

3000002792773-7
03/03/99-01004-015
***908.75 ***908.75

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

9. Name and Address of Now Registered Agent

Name

VINOD YESUDAS

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

2750 N.E. 57th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

Zip Code

FL

33308

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

Vinod Yesudas

REGISTERED AGENT MUST SIGN

Date

02/23/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/99

Date

(954) 772-1403

Daytime Phone #