

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000047086

Entity Name: 811 DEVELOPMENT CORPORATION

FILED  
Oct 13, 2009  
Secretary of State

## Current Principal Place of Business:

920 THIRD AVE  
NEW SMYRNA BEACH, FL 32169 US

## New Principal Place of Business:

## Current Mailing Address:

920 THIRD AVE  
NEW SMYRNA BEACH, FL 32169 US

## New Mailing Address:

FEI Number: 59-3253341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOSMAS, JAMES M ESQ.  
111 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES M KOSMAS, ESQ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KOSMAS, STEVEN P  
Address: 920 THIRD AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: KOSMAS, ROBERT  
Address: 920 THIRD AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D ( ) Delete  
Name: KOSMAS, NICHOLAS G  
Address: 920 THIRD AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V ( ) Delete  
Name: DUFFY, TRUDY  
Address: 920 THIRD AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON STRANSKY

CFO

10/13/2009

Electronic Signature of Signing Officer or Director

Date