

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P94000057986**

1. Corporation Name

PUDER DEVELOPMENT, INC.

FILED

00 MAY -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~7970 LAINE LANE~~
~~#3~~
~~BOYNTON BEACH FL 33437~~
~~US~~C/O M. PUDE
~~8419 TWIN LAKE DRIVE~~
~~BOCA RATON FL 33496~~
~~US~~

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

~~3930 Ray Place~~
Suite, Apt. #, etc.~~5235 Princeton Way~~
Suite, Apt. #, etc.4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1994

City, State

City, State

Boynton Beach, FL
Zip 33436 Country USABoca Raton, FL
Zip 33496 Country USA

5. FEI Number

65-0520369

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	4 City / State / Zip
D	PUDE, MICHAEL S	8419 TWIN LAKE DRIVE 5235 Princeton Way	BOCA RATON FL 33496
P	ROSEN, GARY No longer	8419 TWIN LAKE DRIVE Vice President	BOCA RATON FL 33496
			600003250165--4 -05/12/00--01033--005 ****900.00 ****900.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PUDE, MICHAEL S~~
~~8419 TWIN LAKE DRIVE~~
~~BOCA RATON FL 33496~~

Name

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

5235 Princeton Way
Suite, Apt. #, Etc.
Boca Raton, FL

City

State

Zip Code

FL

33496

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

SIGNATURE REQUIRED

Date

4/26/00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Puder 4/26/00 561-738-7777