

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 14 '08 PH 2:24

DOCUMENT # P95000000973

1. Corporation Name
Mission Hills Development Corporation of Florida

200123285792

04/14/08--01051--030 **1958.75
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box # 3632 Carlton Place		3. Mailing Office Address 3632 Carlton Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton, Florida		City & State Boca Raton, Florida	
Zip 33496	Country United States	Zip 33496	Country United States

4. Date Incorporated or Qualified To Do Business in Florida	January 5, 1995
5. FEI Number 65-0592322	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Nelson C. Keem, Jr.

Street Address (P.O. Box Number is Not Acceptable)
3632 Carlton Place

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33496

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Nelson Keem Jr.* Date 4/9-08

REGISTERED AGENT MUST SIGN

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
P	Nelson C. Keem, Jr.	3632 Carlton Place	Boca Raton, FL 33496
VP	Gregory Piotrowski	38 Cove Creek	West Seneca, NY 14224

REINSTATEMENT *4/15/08*
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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 contained in Chapter 119, 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: *Gregory Piotrowski* Date 4/11/08 (716) 674-5453
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gregory Piotrowski