

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

TALLAHASSEE, FLORIDA

01 JUL 31 PM 12: 33

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025637

1. Corporation Name

St. Andrews Development Group, Inc.

2. Principal Office Address Street
5222 Kensington High

3. Mailing Office Address Street
5222 Kensington High

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34105

Country

USA

Zip

34105

Country

UDA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/28/95

SP

5. FEI Number

650569774

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XX**

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Ronald W. Ritchie

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

5129 Castello Drive

Suite, Apt. #, Etc.

Suite 4

City

Naples

State

FL

900004525119--7
08/08/01-01092-022
***908.75 ***08.75

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**

[Signature]

Date 7/30/01

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
PSTD	Dan Martin	5222 Kensington High St.	Naples, FL 34105

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 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]

Dan Martin, Pres.

7/30/01

941-566-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)