PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 MAR 29 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037647

000031347800
03/29/04--01070--015 **300.00

REINSTATEMENT 03-04

1. Corporation Name
Services Vestature Development Corp.

2. Principal Office Address	3. Mailing Office Address
378 Center Pointe Circle	378 Center Pointe Circle
Suite, Apt. #, etc.: Suite #1272	Suite, Apt. #, etc.: Suite #1272
City & State: Altamonte Springs, FL	City & State: Altamonte Springs, FL
Zip: 32701 / Country	Zip: 32701 / Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/11/95

5. FEI Number: 59-3323544 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Allen W. Morris

Street Address (P.O. Box Number Is Not Acceptable): 378 Center Pointe Circle

Suite, Apt. #, Etc.: Suite #1272

City: Altamonte Springs — State: FL — Zip Code: 32701

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: _____ Date: 3/23/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PRES	Allen W. Morris	1041 Windsong Circle	Apopka, FL 32703

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: _____ 3/23/03 Date 407-862-6600 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SERVICES VESTATURE DEVELOPMENT CORP.
378 CENTER POINTE CIRCLE
SUITE #1272
ALTAMONTE SPRINGS, FL 32701

March 23, 2004

Florida Dept. of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Dear Sir:

Enclosed please find my application for reinstatement and my check in the amount of $308.75 (150.00 for 2003, 150.00 for 2004 and 8.75 for a Certificate of Status).

Please waive the penalty due to the Corporation Annual report being returned to you by the post office.

Please note the Suite number in my address.

Thank you.

Sincerely,

Allen W. Morris
President