PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C RPORATION
RE NSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC -3 AM 10: 52

O UMENT # P95000043227

Co ration Name
Service Development Corp.

Pri pal Office Address - No P.O. Box #	3. Mailing Office Address
9561 Tavernier Dr	9561 Tavernier Dr
lite, . #, etc.	Suite, Apt. #, etc.
y & ta	City & State
Boca Raton, FL	Boca Raton, FL
33496 Country Palm Beach	Zip 33496 Country Palm Beach

CR2E081 (1/07) 05-07

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0586733 ☐ 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
Ana Calderon

Street Address (P.O. Box Number is Not Acceptable)
9561 Tavernier Dr

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.

I, I ng 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: Ana Calderon Date: 11/29/07
REGISTERED AGENT MUST SIGN

N es and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ana Calderon	9561 Tavernier Dr	Boca Raton, FL 33496
			B 12/4/07
		REINSTATEMENT 05-07	
			400113229514 12/18/07--01027--005 **450.00

10. I ntify 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 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 ad 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 this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIG ATURE: Ana Calderon 11/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #