

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 19 PM 4:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 29500DD 59864

1. Corporation Name

South Florida Development Projects, Inc.

Principal Place of Business

Mailing Address

Labelle FL

P.O. Box 1195 Labelle FL 33975

If above addresses are incorrect in any way, line through incorrect information and enter correction

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

8/95

5. FEI Number

65-0599742

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	James Singleton	810 Lincoln Ave	Labelle, FL 33935
VP	Robert Ford	510 Elm St.	Labelle, FL 33935
Treas	Horace Rozier	934 Edison Ave	Labelle, FL 33935

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11/20/95-01026-013

***383.75 ***383.75

8. Name and Address of Current Registered Agent

Horace Rozier
934 Edison Avenue
Labelle, FL 33935

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State / Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0535, F.S.

Signature of Registered Agent

Horace Rozier

REGISTERED AGENT MUST SIGN

Date 11/14/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 617.0431, 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:

Horace Rozier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/96

Date

941-902-1197

Daytime Phone