

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -6 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000090998

1. Corporation Name

APPALACHIAN DEVELOPMENT CORP.

2. Principal Office Address

5825 NW 74TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

5825 NW 74TH AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

U.S.A.

Zip

33166

Country

U.S.A.

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

11/30/1995

5. FEI Number

650635450

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

ALVARO MICHAEL VAZQUEZ

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

4600 SABAL PALM ROAD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33137

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

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	ALVARO VAZQUEZ	4600 SABAL PALM RD	MIAMI, FL 33137
ST	LOURDES VAZQUEZ	4600 SABAL PALM RD	MIAMI, FL 33137
D	ALVARO MICHAEL VAZQUEZ	4600 SABAL PALM RD	MIAMI, FL 33137

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct. 2/06 (205) 582-4332

Appalachian Development, Corp.

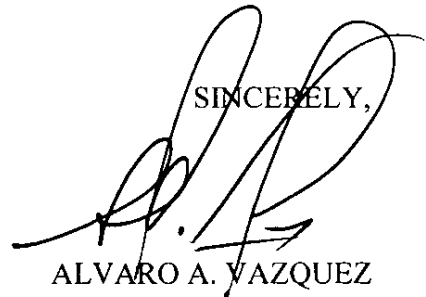
SEPTEMBER 19, 2006

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX: 6327
TALLAHASSEE, FL 32314

RE: ANNUAL REPORT NOTICE

THIS LETTER IS TO INFORM THAT WE DID NOT RECEIVE THE ANNUAL REPORT NOTICES IN 2005. WE WISH TO REINSTATE THE CORPORATION AND SUBMIT FEE PAYMENT FOR 2005 AND 2006. IF YOU HAVE ANY QUESTIONS PLEASE CALL MYOFFICE AT 305-592-4332.

SINCERELY,

A handwritten signature in black ink, appearing to read 'A. Vazquez', is written over the word 'SINCERELY,'. The signature is fluid and cursive.

ALVARO A. VAZQUEZ