

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PAGE 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 16 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000021217

1. Corporation Name

SAVELLE DEVELOPMENT, INC.

2. Principal Office Address

2911 N.E. 39th Court

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL 33064

Zip

33064

Country

USA

3. Mailing Office Address

2911 N.E. 39th Court

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

USA

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

03/06/1996

5. FEI Number

65-0655524

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

Adrian D. Velez

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

2911 N.E. 39th Court

Suite, Apt. #, Etc.

City

Lighthouse Point

State
FL

Zip Code

33064

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

REGISTERED AGENT MUST SIGN

Date 11/14/01

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	ADRIAN VELEZ	2911 N.E. 39th Court	Lighthouse Point, FL 33064

REINSTATEMENT 9801

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:

Adrian Velez

Adrian Velez

11/14/01

(954)942-9450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



PAGE 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 458276 9081A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 1208.75

ORDER DATE : November 16, 2001

ORDER TIME : 11:18 AM

ORDER NO. : 458276-005

CUSTOMER NO: 9081A

CUSTOMER: Ms. Lisa K. Johnson
Maclean & Ema
2600 Ne 14th Street Causeway

Pompano Beach, FL 33062

RECEIVED
01 NOV 16 PM 12:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32310

DOMESTIC FILINGS

NAME: SAVELLE DEVELOPMENT, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds
EXAMINER'S INITIALS _____