

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 10 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000021217

1. Corporation Name

SAVELLE DEVELOPMENT INC.

2. Principal Office Address

2911 NE 39 CT.

Suite, Apt. #, etc.
A

City & State

LIGHTHOUSE PT.

Zip

33064

Country

US OFA

3. Mailing Office Address

2911 NE 39 CT.

Suite, Apt. #, etc.
A

City & State

LIGHTHOUSE PT., FL.

Zip

33064

Country

US OFA

REINSTATEMENT

04-05

MRS

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

5-1-96

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 NE 39 CT.

Suite, Apt. #, Etc.
A

City

LIGHTHOUSE PT.

State

FL

Zip Code

33064

000045102850
01/20/05-01033-013 **750.75

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

Adrian Velez
REGISTERED AGENT MUST SIGN

Date 12-26-04

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
<u>PRES.</u>	<u>ADRIAN D. VELEZ</u>	<u>2911 NE 39 CT.</u>	<u>LIGHTHOUSE PT. FL. 33064</u>
<u>SEC.</u>	<u>ADRIAN D. VELEZ</u>	<u>2911 NE 39 CT.</u>	<u>LIGHTHOUSE PT. FL. 33064</u>
<u>TREAS- URER</u>	<u>ADRIAN D. VELEZ</u>	<u>2911 NE 39 CT.</u>	<u>LIGHTHOUSE PT. FL. 33064</u>

500046710175
02/16/05-01052-008 **141.25

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 D. VELEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-04
Date

954-942-9450
Daytime Phone #

CR2E081 (01/04)