

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4:34

DOCUMENT # P96000043265

1. Corporation Name

CENTRAL FLORIDA DEVELOPMENT AND INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

4630 S. KIRKMAN RD.
ORLANDO FL 32811

4630 S. KIRKMAN RD.
SUITE 194
ORLANDO FL 32811
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-3401293

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

To 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	4 City / State / Zip
D	LATULIPPE, GERARD	4630 S. KIRKMAN RD.	ORLANDO FL 32811

8000003038958--1
-11709/99--01011--009
***:758.75 ***:758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LATULIPPE, GERARD
4630 KIRKMAN RD
SUITE 194
ORLANDO FL 32811

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Gerard Latulippe
REGISTERED AGENT MUST SIGN

Date

10/25/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARD LATULIPPE

Date

10/25/99

Daytime Phone #

AD