FILED

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

01 JAN 17 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

**DOCUMENT #** P96000045126

1. Corporation Name
CENTURY DEVELOPMENT CORP

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 449 LAKEVIEW DR. | |
| Suite, Apt. #, etc. CORAL SPRINGS | Suite, Apt. #, etc. SAME |
| City & State FLA. | City & State |
| Zip 33071 Country BROWARD | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida 5/16/96

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name BRIAN HANSEN

100005573451--5
-01/24/01--01085-017
***1200.00 ***1200.00

Street Address (P.O. Box Number is Not Acceptable) 449 LAKEVIEW DR.

Suite, Apt. #, Etc. CORAL SPRINGS FLA.

City | State FL | Zip Code 33071

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 Brian Hansen Date 1/15/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| PRES | BRIAN HANSEN | 449 LAKEVIEW DR | CORAL SPRINGS FL 33071 |
| SEC | BRIAN HANSEN | 449 SAME Lakeview DR | Coral SAME FL 33071 |
| VP | BRIAN HANSEN | 449 SAME Lakeview DR | Coral SAME Springs FL 33071 |
| | | | |
| | | | |

REINSTATEMENT 96-01 T8

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: BRIAN HANSEN Brian Hansen Date 1/15/01 Pres 954 755 0856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #