FILED
Sep 19, 2002 8:00 am
Secretary of State
05-24-2002 91323 037 ***150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COM

CORPORATION REINSTATEMENT

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

99710

DOCUMENT # P96000045126

1. Corporation Name: CENTURY DEVELOPMENT CORP

2. Principal Office Address: 449 LAKEVIEW DR.
Suite, Apt. #, etc.:
City & State: CORAL SPRINGS FLA.
Zip: 33071 County: BROWARD

3. Mailing Office Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: County:

2002 UNIFORM BUSINESS REPORT

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
Street Address (P.O. Box Number is Not Acceptable): 449 LAKEVIEW DR.
Suite, Apt. #, Etc.:
City: CORAL SPRINGS FLA.
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: 4/15/02
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 FLA 33071
SEC	BRIAN HANSEN	SAME	SAME
VP	BRIAN HANSEN	SAME	SAME

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: 4/15/02 Daytime Phone #: 954-755-0856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

9/13/02

P96000045126

Mr. Tyrone Scott. 99710

Thanks for your help.

Brian Hansen

954-755-0856