

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000069707	
1. Corporation Name SOUTHLAKE DEVELOPMENT, INC.	
Principal Place of Business 2215 RIVER BLVD. JACKSONVILLE FL 32204	Mailing Address 2215 RIVER BLVD. JACKSONVILLE FL 32204

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

2. New Principal Office Address, If Applicable 734 AVENIDA CLARITA Suite, Apt. #, etc. Ste 201 City & State Clementon, FL Zip 34711 Country USA	3. New Mailing Office Address, If Applicable 734 AVENIDA CLARITA Suite, Apt. #, etc. Ste 201 City & State Clementon, FL Zip 34711 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 08/21/1998
5. FEI Number 59-3414996		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	CAGAN, JEFFREY	3856 OAKTON	SKOKIE IL 60076
			1000003036091--0 -11/05/99-01044-020 ****758.75 ****758.75
			REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent DEAS, WILLIAM J 2215 RIVER BLVD. JACKSONVILLE FL 32204	9. Name and Address of New Registered Agent Name JEFFREY CAGAN Street Address (P.O. Box Number is Not Acceptable) 734 AVENIDA CLARITA #201 Suite 201 City Clementon
CR2010 (8/98)	
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 <i>[Signature]</i>	Date 10/25/99
REGISTERED AGENT MUST SIGN	

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: <i>[Signature]</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10/25/99 (352) 242-2441
Date 10/25/99	
Daytime Phone #	