

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 11 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA6000089098

1. Corporation Name

Altamonte Springs Development Corporation

W - 8074

2. Principal Office Address

c/o Mateer & Harbert, P.A.
225 E. Robinson, Ste. #600

Suite, Apt. #, etc.

Suite 600

City & State

Orlando, FL

Zip

32801

Country

Orange

3. Mailing Office Address

P. O. Box 2854

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32802-2854

Country

Orange

REINSTATEMENT *27-00*

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/96

5. FEI Number

91-1884778

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

W. Scott Gabrielson

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

225 East Robinson Street, Two Landmark Center, Suite 600

Suite, Apt. #, Etc.

Suite #600

City

Orlando

State
FL

Zip Code

32801

700003219427-9

04/24/00 01017-803

****1200.00 ***1200.00*

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

W. Scott Gabrielson

REGISTERED AGENT MUST SIGN

Date

4/6/00

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
Director	W. GUY SCOTT	8687 E. Via de Ventura Suite 318	SCOTTSDALE, AZ 85258
Director	RONALD JEFFREY	17 S. Briar Hollow Lane Suite 208	Houston, TX 77027
			KE

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:

W. Guy Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/00

Daytime Phone #

602-808-8888