PI FASE READ	AM INSTRUCTIONS	BEFORE COME	PLETING THIS FORM.		
APPLICATION APPLICATION	FLORI A ERAFTMEN	NT OF STATE	FILED		
REINSTATEM N	Secretary of S	tate		1: 25	
DOCUMENT # P97000049984 1. Corporation Name			99 JAN 28 AM 11: 25 SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of Business Malling Address Diamond La Kes					
APLES FL SHIDA 5425 NAPLES FL SHIDA 5425					
1 above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, If Applicable 3. New Majling Office Address, If Applicable 455 (1967) Blw		Applicable / 4. Da	Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.			06/0	5/1997 Applied For	
City & State Muples #1	1.00	#1 S	9-345/578	Not Applicable Additional Fee required	
34110 Country USA	21934110 County	5A CE	RTIFICATE OF STATUS DESIRED []	a Certificate of Status	
7. Names and Street Addresses of Each Officer and Name of Officers and/or Directors	Stre	eet Address of Each icer and/or Director o Post Office Box Numbers)	City / State	/ Zip	
			NAPLES FL 34104		
Byes, NAGAR, JACOB					
			- 1000027652	21-13	
			-02/04/9901 ***150.00		
			-1000027652 -02/04/9901	101006	
			****150.00	****150.00	
8. Name and Address of Current	Registered Agent	9. Na	me and Address of New Registered Ag-	ent	
NAGAR, JACOB Street Address (P.				(86)6	
8001 RADIO ROAD	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
147 CEO 1 C 34 104 3423		City State Zip Code			
10. I, being appointed the registered agents of the poor	ove named corporation, am familiar wi	th and accept the obligations	FL s of Section 607.0505, F.S.		
Signature of Registered Igent	EGISTERED AGENT MUST SIGN	***************************************	Date	98	
11. This corperation owes or he Intangible Personal Proper	as paid the current yea	ar Yes 🔲 No	(See other side for on intangit		
12. I certify that I am an officer or director or the recei this reinstatement application, the reason for disso owed by the corporation have been paid and the on this application is true and accurate, and my si	olution has been eliminated, the corpo names of individuals listed on this form	rate name satisfies the requ n do not qualify for an exem	irements of section 607.0401 or 617.0401	I, F.S., that all fees	
SIGNATURE: NATURE POST TO BE OR PR	INTED NAME OF SIGNING OFFICER OR C	DIRECTOR	121-98 (941)35	53-30/5 nie Phone #	

REGISTRY DEVELOPMENT



1455 Piper Blvd ♦ Naples, Florida 34110 Phone 941-598-1411 ♦ Fax 941-598-4839

December 29, 1998

Florida Dept of State - Annual Reports Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Corporation reinstatement Document #P97000049984

Dear Sirs:

In response to a telephone call I made to your department, we did not receive our annual report back from you for corrections as was stated to me during this conversation. So we have filed this again and have enclosed \$150.00 to cover the reinstatement.

Please reinstate this corporation as soon as possible. The mailing address has been and still is incorrect and should be: Registry Development Corporation C/O Diamond Lakes 1455 Piper Blvd. Naples, FL 34110. If you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,

Ms. Paula Claxton

Registry Development Corp.

Lance Carton

cc: File