


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 97000049984**

1. Corporation Name

REGISTRY DEVELOPMENT CORPORATION.

2. Principal Office Address

P.O. Box 12228

Suite, Apt. #, etc.

City & State

NAPLES FL.

Zip

34101

Country

3. Mailing Office Address

P.O. Box 12228

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34101

Country

500024718245
11/14/03--01079--002 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

50341578

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

JACOB NAGAR

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

1100 PINE RIDGE RD # 400

Suite, Apt. #, Etc.

400

City

NAPLES FL 34108

State

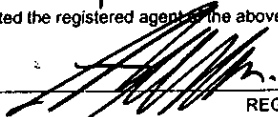
FL

Zip Code

34108

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



REGISTERED AGENT MUST SIGN

Date

NOV-10-2003

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
D.P.B.	JACOB NAGAR	1100 PINE RIDGE RD	NAPLES FL 34108

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACOB NAGAR

Date

11/10/2003

Daytime Phone #

239-725-8801

CR2E081 (10/02)

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REGISTRY DEVELOPMENT
CORPORATION
PO Box 12228
NAPLES, FLORIDA 34101
239-825-8801

142

November 10, 2003

Secretary of State
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Registry Development Corporation, a Florida profit corporation

To whom it may concern:

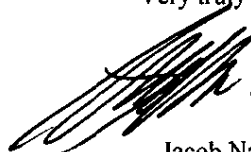
Enclosed for filing please find the Registry Development Corporation's Reinstatement Form as completed. Also enclosed is a check made payable to the Department of State in the amount of \$150.00 for filing fees

Because of the change in our address, I did not receive the 2002 Uniform Business Report and I did not realize they were due to be filed until our new counsel notified me that the corporation was administratively dissolved for failure to file the annual report.

Per your instructions, we are enclosing the Reinstatement Form and the requisite filing fee.

Thank you for your time and attention. Please call me if you have any questions. My telephone number is 239-825-8801.

Very truly yours,

 11/10/03.

Jacob Nagar

Registry Development Corporation