


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067580

1. Corporation Name

DEVELOPERS FUNDING CORPORATION

Principal Place of Business

450 S.W. 5 AVENUE
FORT LAUDERDALE FL 33315

Mailing Address

450 S.W. 5 AVENUE
FORT LAUDERDALE FL 33315

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

2. New Principal Office Address, If Applicable

448 SW 5 AVENUE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33315

Country

U.S.

3. New Mailing Office Address, If Applicable

448 SW 5 AVENUE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33315

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1997

5. FEI Number

65-0921312

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
PSD	PHILLIPS, JEFFREY	2700 N.W. 26 AVENUE	BOCA RATON FL 33434

100004694821--1

-11/27/01--01038--007

2250.00 *750.00

REINSTATEMENT 01 TS

8. Name and Address of Current Registered Agent

BLUMSTEIN, MARK I
33 N.E. 2ND STREET
SUITE 101
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11/14/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/01 (954) 779-7060

CR2E040 (8/01)