

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 20 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-05

DOCUMENT # P97000069295

1. Corporation Name

Strategic Development Partners, Inc.

2. Principal Office Address

18851 NE 29th Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite # 510

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

Zip

33180

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/1/1998

5. FEI Number

65-0775316

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Bernard Werner

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

18851 NE 29th Avenue

Suite, Apt. #, Etc.

Suite # 510

City

Aventura

State

FL

Zip Code

33180

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

Date

12/15/05

REGISTERED AGENT MUST SIGN

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
P	Bernard Werner	18851 NE 29th Ave #510	Aventura, FL 33180

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

BERNARD WERNER

Date

12/15/05

Daytime Phone #

305-866-9400