PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

8
L REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 13 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000069540

1 Corporation Name FORTRESS DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
81 Biltmore Blvd. Massapequa, NY 11758	81 Biltmore Blvd. Massapequa, NY 11758

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

2 New Principal Office Address, If Applicable	3 New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida 08/12/97

5 FEI Number 65-0778002 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee is 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	MICHAEL F. ANZALONE	81 Biltmore Blvd.	Massapequa, NY 11758

700002615627--6

8 Name and Address of Current Registered Agent	9 Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City / State FL / Zip Code

CR2E040 (12/96)

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 _____ Date
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒XX (See other side for information on intangible tax.)

12 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: Michael F. Anzalone Date Aug 6 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL F. ANZALONE

8/13 00

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 927185 9270A

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 558.75

ORDER DATE : August 13, 1998

ORDER TIME : 2:52 PM

ORDER NO. : 927185-005

CUSTOMER NO: 9270A

CUSTOMER: Ms. Pamela Babson
Joe Miklas, P.a.
88765 Overseas Highway

Tavernier, FL 33070

DOMESTIC FILINGS

NAME: FORTRESS DEVELOPMENT COMPANY

RECEIVED
98 AUG 13 PM 3:27
DIVISION OF CORPORATION

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS _____