

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT 18 PM 4:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000085017					
1. Corporation Name THE FRENCH DEVELOPMENT, INC.					
2. Principal Office Address 228 BROOKS ST. S.E.		3. Mailing Office Address 228 BROOKS ST. S.E.		4. Date Incorporated or Qualified To Do Business in Florida 10/1/97	
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc. SUITE B		5. FEI Number 59-3479229	
City & State FORT WALTON BEACH, FL		City & State FORT WALTON BEACH, FL		Applied For Not Applicable	
Zip 32548	Country U.S.A.	Zip 32548	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED ☐	
7. Name and Address of Current Registered Agent					
Name EARL S. MITCHELL					
Street Address (P.O. Box Number is Not Acceptable) 228 BROOKS STREET SE.					
Suite, Apt. #, Etc. SUITE B					
City FORT WALTON BEACH					
State FL					
Zip Code 32548					
8. I, being appointed the registered agent of the above named corporation, am familiar with and except the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent Earl S. Mitchell					
Date 10/15/01					
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		
PRES.	SUSAN S. MYERS	31 BAY DRIVE SE	FORT WALTON BEACH, FL, 32548		
V.P.	EARL S. MITCHELL	300 BROOKS ST. SE.	FORT WALTON BEACH, FL 32548		
S.	H. BART FLEET	1201 EGLIN PARKWAY	SHALIMAR, FL 32579		
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)(f), 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: Susan S. Myers Susan S. Myers 10/16/2001 850-244-4428					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Ordinary Phone #					