PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 28 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000090421

1. Corporation Name

FAIRWAY DEVELOPMENT, INC.

03 04

2. Principal Office Address	3. Mailing Office Address
173 Pine Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE MARY FL	City & State
Zip: 32746 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/21/1997

5. FEI Number: 593479206 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Russell Denton

Street Address (P.O. Box Number is Not Acceptable): 173 Pine Street

Suite, Apt. #, Etc.

City: Lake Mary | State: FL | Zip Code: 32746

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: 4/27/04

REGISTERED AGENT MUST SIGN

CR2E011 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 2 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Russell Denton	173 Pine St.	Lake Mary, Florida 32746
ST	Liza M. Denton	173 Pine St.	Lake Mary, Florida 32746

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: _____ 4/20/04 407/302-1562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : HOLLAND & KNIGHT
Account Number : 075350000340
Phone : (407)425-8500
Fax Number : (407)244-5288

Att: Tyrone Scott

CORPORATION REINSTATEMENT

FAIRWAY DEVELOPMENT, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$900.00

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