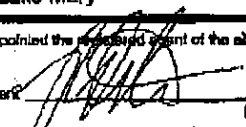
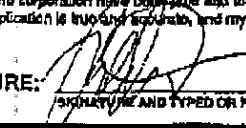


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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.					
2. Principal Office Address 173 Pine Street			3. Mailing Office Address Same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State LAKE MARY FL			City & State		
Zip 32748	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 10/21/1997	
5. FEI Number 583479208				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐				SE 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 32748
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 4/20/04					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida corporation corporations must list at least 2 directors)					
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
DP	Russell Denton	173 Pine St.		Lake Mary, Florida 32748	
ST	Liza M. Denton	173 Pine St.		Lake Mary, Florida 32748	
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(8)(b), 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:  DATE 4/20/04 407/302-15602					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CREATED BY: JKH

Florida Department of State
Division of Corporations
Public Access System

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AH:-
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CORPORATION REINSTATEMENT

FAIRWAY DEVELOPMENT, INC.

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