



## DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name

~~CON~~ PROJECT DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

501 BRICKELL KEY DR., SUITE 500  
MIAMI FL 33131

501 BRICKELL KEY DR., SUITE 500  
MIAMI FL 33131

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

4. Date Incorporated or Qualified To Do Business in Florida

10/27/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City &amp; State

City &amp; State

65-0795306

|                |
|----------------|
| Not Applicable |
|----------------|

| Zip | Country |
|-----|---------|
|-----|---------|

**Zip**

Country

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee 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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip  |
|---------------|---|--|--|
| PS            | DEISER, ALEXANDER N                       | 801 BRICKELL AVENUE #952                               | MIAMI FL 33131   |
| VPT           | NETTIG, CLAUDIA K                         | 801 BRICKELL AVENUE #952                               | MIAMI FL 33131   |
|               |   |  | 400003099214--9<br>-01/14/00-01076-014<br>***900.00- ***900.00 |
|               |   |  | REINSTATEMENT <u>99-00</u> TS                                  |

**8. Name and Address of Current Registered Agent**

**9. Name and Address of New Registered Agent**

NETTIG, CLAUDIA K  
801 BRICKELL AVENUE #952  
MIAMI FL 33131

Name \_\_\_\_\_

Nettiq, Claudia K

Street Address (P.O. Box Number is Not Acceptable)  
501 Brickell Key Drive

Suite, Apt. #, Etc. 5 0 0

City Miami

State  
**FL**

|          |       |
|----------|-------|
| Zip Code | 33131 |
|----------|-------|

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 Yasuo Nakaya **REGISTERED AGENT MUST SIGN**

Date January 9, 2000

11. 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**

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

954-648-1047