PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## P97000107939 **DOCUMENT#**

1. Corporation Name

SESSIC	ONS DE	VELOPMENT C	ORPORA	TION			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal P	icipal Place of Business			Mailing Address				
1754 S. BAYSHORE LANE MIAMI FL 33133			1754 S. BAYSHORE LANE MIAMI FL 33133					
If above a	addresses are	incorrect in any way, line ti	rough incorrect	information and enter	correction below.			
		Address, If Applicable	3. New Mai	New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     12/23/1997	
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			er Applied For	$\exists$
City & Stat	City & State			City & State			65-0609913 Not Applicab	le
Zip Country		Zip	Count	гу	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer an	J/or Director (Fi					$\Box$
Title(s)	2	Name of Officers and/or Directors	. <u>.</u>	St O 3 (Do NOT Us	reet Address of Each fficer and/or Director se Post Office Box No	t Address of Each er and/or Director City / State / Zip Post Office Box Numbers)  4		
PSTD	SESSIONS, PATRICK E			1754 S. BAYSHORE LANE			MIAMI FL 33133	ļ
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						5	00002730585S 01/05/9901064014	ļ _
							****758.75 ****758.75	-
	8. Nan	e and Address of Curren	Registered Ag	ent	Name and Address of New Registered Agent			
	-				Name			1
	ons, patri S. Bayshof				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI	MIAMI FL 33133				Suite, Apt. #, Etc.			7
						City State Zip Code		
10. I, being	g appointed th	e registered agent of the al	ove named forp			bligations of Sect		
Signature of Registered	of Agent	atin 2	REGISTERED A	REQUIRED SENT MUST SIGN	JIRED		Date 12/15/98	_
		ration owes or h Personal Prope	nas paid th	ne current ye	ear Yes 🔲	No 🔼	(See other side for information on intangible tax.)	
12. I certify this reir	that I am an	officer or director or the rec plication, the reason for dis	eiver or trustee e solution has beer	mpowered to execute	this application as porate name satisfies	provided for in cha	apter 607 or 617, F.S. I further certify that when filing s 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 305 8560369

SIGNATURE:

FILED

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