

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 OCT 26 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000010132**

1. Corporation Name

J D H DEVELOPMENT COMPANY

Principal Place of Business

400 ST. ANDREWS BLVD.
MELBOURNE FL 32940

Mailing Address

400 ST. ANDREWS BLVD.
MELBOURNE FL 32940

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
7640 N. Wickham Road

3. New Mailing Office Address, If Applicable
Post Office Box 410999

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1998

Suite, Apt. #, etc.
Suite 115

Suite, Apt. #, etc.

5. FEI Number

59-3491297

Applied For

Not Applicable

City & State
Melbourne, FL

City & State
Melbourne, FL

Zip 32940

Country US

Zip 32941

Country US

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	HALEY, JOHN D	400 ST. ANDREWS BLVD 7640 N. Wickham Rd. Suite 115	MELOURNE FL 32940
V	HALEY, MYRA K	400 ST. ANDREWS BLVD 7640 N. Wickham Rd. Suite 115	MELBOURNE FL 32940
			8000003463818-1 -11/15/00--0758-011 ****758.75 ****758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

FALLACE, JAMES H
1900 SOUTH HICKORY ST.
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/24/00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John D. Haley

10/23/00

321 242-6210

Date

Daytime Phone #