

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000013737

1. Entity Name
TOWNSEND DEVELOPMENT, INC.



FILED
07 MAY 14 AM 8:57
STATE
ATTORNEY, FLORIDA

Principal Place of Business
304 TORPEY ROAD
FORT PIERCE, FL 34946 US

Mailing Address
304 TORPEY ROAD
FORT PIERCE, FL 34946 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 06-07

4. FEI Number
65-0819802

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REEDER, MARK T
304 TORPEY ROAD
FORT PIERCE, FL 34946

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
REEDER, MARK
304 TORPEY ROAD
FORT PIERCE, FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition
000103190510
05/24/07--01015--017 **\$900.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VSCT
FRANKS, ROBERT E
99 RAILROAD AVE
WARETOWN, NJ 08758 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☒ Change ☐ Addition
1171-B Seaway Drive
Ft. Pierce, FL 34949

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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CITY-STATE-ZIP
☐ Change ☐ Addition

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CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark T. Reeder

MARK T. REEDER

27 APR 2007

772-464-0545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #