	PLEASE REA	D ALL INST	TRUCTIONS	BEFORE C	OMPLET	ING THIS FO	RM.	
APPLICAT FOR REINSTATE			A DEPARTME Katherine H Secretary of S	arris State	S	FILED ECRETARY OF SICH OF CORP	STAJE	
DOCUMENT # P9800028503 1. Corporation Name					99 OCT 19 AM II: 30			
RUM ISLAND	DEVELOPMEN	NT INC						
Principal Place of Busine	7055							
FT. WALTON BEACH FL 32548-6340 FT. WALTO			EWOOD DR. ION BEACH FL 32548-6340		INSTATEMENT			
			correct information and enter correction below. lew Mailing Office Address, If Applicable e, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 03/26/1998			
City & State	City & State						Applied For Not Applicable	
Zip	Zip			CERTIFICATE OF STATUS DESIRED S 88.75 Additional Fee required to a Certificate of Status				
7. Names and Street Ad	dresses of Each Officer a	nd/or Director (Flo			st 3 directors)			# 1 (P)
Title(s) Name of Officers and/or Directors 1			Street Address of Each Officer and/or Director			City / State / Zip		
Tra Robert A. Down.			161 Homewood		Drive	Ft. Wallo	~ T.J.,	FLIGIUP
The Phillip V. Ray		<u> </u>	8103 Cormona		Shed	Navarre	FZ J	2566
					60	000302	2925(53
				-ti- <u></u>		-10/29/99 ****750.	(1) ****	1750.00
	····		<u> </u>			1000302 -10/29/99]01057-	018
8. Nam	ne and Address of Curre	nt Registered Age	ant .	Т	9 Name and A	非非非非常。 ddress of New Regist	<u> </u>	***8.75
Name					7- 1701/F GIN A		State Chair	_
DOWNS, ROBERT A 161 HOMEWOOD DR. Street Address (P					P.O. Box Number is Not Acceptable)			
FT. WALTON BEACH FL 32548-6340 Suite, Apt. #, Et					· · · · · · · · · · · · · · · · · · ·	 		CREEK
				City			State Zip Co	de
10. I, being appointed the Signature of Registered Agent	e registered agent of the	but t	oration, em familler w	Ith and accept the ob	ligations of Section	on 607.0505, F.S. Date <i>120</i>	2199	7
. tog.stored Agent		REGISTERED AG	ENT MUST SIGN		·····	Date 1 UP		

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 807 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 peld 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