

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 AUG 18 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000058977

**1. Corporation Name**

Matanzas Development Company

**2. Principal Office Address**

1725 Masters Drive

Suite, Apt. #, etc.

#1

City & State

St. Augustine, Florida

Zip

32095

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

09-10

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/1/98

**5. FEI Number**

59-3522326

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Waite, Charles A.

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

1725 Masters Drive

Suite, Apt. #, Etc.

#1

City

St. Augustine

State  
**FL**

Zip Code

32095

500003368895-7  
-08/23/00-01082-018  
\*\*\*\$300.00 \*\*\*\$300.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

Date 8/17/00

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Waite, Charles A.	1725 Masters Drive, #1	St. Augustine, FL 32095

LS

**10. 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

8/17/2000 (904) 607-5351

Date

Daytime Phone #