

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P98000092725**

1. Corporation Name

**PURDHALL DEVELOPMENTS, INC.**

FILED

02 DEC 13 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**COUGAR WAY  
258  
ROTONDA WEST FL 33947**

**COUGAR WAY  
258  
ROTONDA WEST FL 33947**



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/02/1998**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0873462**

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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
PD	MARSHALL, ROGER	888 SOUTHEAST THIRD AVENUE SUITE	FORT LAUDERDALE FL 33316
VP	MARSHALL, PATRICA	265 COUGAR WAY 258	ROTONDA WEST FL 33947

400008840864  
11/06/02--01142--023 \*\*150.00

02 TO

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MARSHALL, ROGER  
258 COUGAR WAY  
ROTONDA WEST FL 33947**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature of Roger Marshall]*

Date **11/26/02**

REGISTERED AGENT MUST SIGN

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 REQUIRED**  
**ROGER MARSHALL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/26/02**  
Date

**1-941-474-5399**  
Daytime Phone #

**PURDHALL  
DEVELOPMENTS  
INCORPORATED**

October 30, 2002

Florida Department of State, Division of Corporations,

Dear Sir or Madam:

Please find enclosed cheque for \$ 150.00, please abate the enclosed dissolution as we did not receive the original form from your office. Thanking you for your kind attention.

Sincerely,



Mr & Mrs R Marshall  
President / Vice-President.