

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV 14 PM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000005682**

1. Corporation Name

Terramar Development, Inc.

2. Principal Office Address

5051 Castello Drive

3. Mailing Office Address

5051 Castello Drive

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

Zip

34103

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/14/1999

5. FEI Number

59-3591478

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

Lisa Barnett c/o Cheffy Passidomo Wilson & Johnson 600003489666-6

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

821 Fifth Avenue South

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code
34102

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

REGISTERED AGENT MUST SIGN

Date

11/8/00

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
PD	Peter Bourassa	5051 Castello Drive, Suite 200	Naples, Florida 34103
VPD	Arthur Scheinholz	5051 Castello Drive, Suite 200	Naples, Florida 34103
TD	Enrique Darer	5051 Castello Drive, Suite 200	Naples, Florida 34103
SD	Arthur Scheinholz	5051 Castello Drive, Suite 200	Naples, Florida 34103

REINSTATEMENT 00.78

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/8/00

Daytime Phone #