

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT 21 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000018168

1. Corporation Name

1900 Development Group, Inc.

2. Principal Office Address

2100 Avenue B

Suite, Apt. #, etc.

3. Mailing Office Address

2100 Avenue B

Suite, Apt. #, etc.

City & State

Riviera Bch., FL

City & State

Riviera Bch., FL

Zip

33404

Country

USA

Zip

33404

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/02

5. FEI Number

65-0943581

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

Michael J. Carey

800008480538--3

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

3014 So. Olive Avenue

10/21/02 01072-013

****900.00 ****900.00

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33405

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

Michael Carey

REGISTERED AGENT MUST SIGN

Date

10/16/02

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	William Maloney	2100 Avenue B	Riviera Bch., FL 33404
D	Michael Carey	2100 Avenue B	Riviera Bch., FL 33404

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:

Michael Carey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-02

Date

(561) 840-1694

Daytime Phone #

CR2E081 (9/01)