

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 29 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022102

1. Corporation Name

Pintail Development Corporation

2. Principal Office Address

21 North Spooky Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Post Office Box 1918

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, Florida

City & State

Santa Rosa Beach, Florida

Zip

32459

Country

U.S.A.

Zip

32459

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1999

5. FEI Number

59-3566765

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
Jack Rhodes

Street Address (P.O. Box Number is Not Acceptable)
21 North Spooky Lane

Suite, Apt. #, Etc.

City
Santa Rosa Beach

State
FL

Zip Code
32459

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

Jack Rhodes

Date 3-26-03

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/P/S/T	Jack Rhodes	21 North Spooky Lane	Santa Rosa Beach, Florida 32459

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:

Jack Rhodes

Jack Rhodes, President

3-26-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

91 5/30