PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION [redacted]

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

FILED
00 DEC -5 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

DOCUMENT # P99000039623

1. Corporation Name

PRIMIER DEVELOPMENT + CONSTRUCTION, INC.

2. Principal Office Address	3. Mailing Office Address
1925 N.E. 45th STREET	P.O. Box 8002
Suite, Apt. #, etc.: 234	Suite, Apt. #, etc.:
City & State: FORT LAUDERDALE, FLORIDA	City & State: FT. LAUDERDALE, FLORIDA
Zip: 33308 Country: U.S.A	Zip: 33310 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4-28-99

5. FEI Number: 65-0917584 ☐ 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: ALAN VOCE

Street Address (P.O. Box Number is Not Acceptable): 1925 N.E. 45th STREET

Suite, Apt. #, Etc.: 234

City: FORT LAUDERDALE | State: FL | Zip Code: 33308

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: _____ Date: _____
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
P/D	ALAN VOCE	1925 N.E. 45th STREET #234	FT. LAUDERDALE, FL 33308

00 UBR T8

10. I certify that I am an officer or director of 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 — Daytime Phone #

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Mailing Address:
PO BOX 8002
Ft. Lauderdale, FL 33310-8002
Ph: (954)-566-2707
Fax: (954)-565-6793

P99000039623

PRIMIER DEVELOPMENT & CONSTRUCTION INC.

November 13, 2000

Division of Corporations/Corporate Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

As per our telephone conversation on November 13, 2000 included please find a check in the amount of $150.00 for the annual fee for Primier Development and Construction, Inc. document # P99000039623. Due to a serious illness and a change over in accountants the annual report was not filed on time and I would greatly appreciate if the late fees were waived.

Sincerely,

Dr. Alan Voce, President

God Directs Our Business