


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07AR  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUL -9 PM 3:06

DOCUMENT # **P99000055732**

1. Corporation Name

Safe Harbor Development Corp

2. Principal Office Address - No P.O. Box #

615 Bulrushes Court

Suite, Apt. #, etc.

3. Mailing Office Address

615 Bulrushes Court

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32828

Country

USA

Zip

32828

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/1999

5. FEI Number

65-0933333

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
Samuel R Spence

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

615 Bulrushes Court

Suite, Apt. #, Etc.

City
Orlando

State

FL

Zip Code

32828

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Samuel R Spence

REGISTERED AGENT MUST SIGN

Date **07/02/07**

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
Pres	Samuel R Spence	615 Bulrushes Court	Orlando, FL 32828
	<i>7/10</i>		

300106256453
07/17/07--01012--002 **150.00

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 contained in Chapter 119, 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

Samuel R Spence **Samuel R Spence** **7/2/2007** **407-509-8150**

Date

Daytime Phone #



615 Bulrushes Court
Orlando, FL 32828
Ph:407-509-8150 EFax: 800-284-0306
Sam Spence Cell: 407-509-8150
SRS1206@MSN.COM

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

July 2, 2007

Dear Division of Corporation;

I feel foolish. My company was formed several years ago and I have always filed my annual registration on time. This year I did not get the form and until I got the "Notice of Intent to Dissolve", did not even think about having to re-file.

I have prepared the necessary Reinstatement form and would like to formally request a waiver of the penalty fee due to the fact that I did not receive the renewal notice.

I hope you understand. Please contact me if you have any questions.

Sincerely
Safe Harbor Development Corp

A handwritten signature in black ink, appearing to read "Samuel R Spence", is written over a horizontal line.

Samuel R Spence
President