

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000075345**

1. Corporation Name

RECROSET DEVELOPMENT, INC.

2. Principal Office Address

11789 ST ANDREWS PL

Suite, Apt. #, etc.

103

City & State

WELLINGTON, FL

Zip

33414

Country

US

3. Mailing Office Address

11789 ST ANDREWS PL

Suite, Apt. #, etc.

103

City & State

WELLINGTON, FL

Zip

33414

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

8/24/99

5. FEI Number

650943114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 02-84

7. Name and Address of Current Registered Agent

Name

SCOTT M. SPRUNGER

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

11789 ST ANDREWS PL

Suite, Apt. #, Etc.

103

City

WELLINGTON

State

FL

Zip Code

33414

700034792957
04/30/04--01007--020 **1058.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/4/04**

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
PTD	SCOTT M. SPRUNGER	11789 ST. ANDREWS PL, #103	WELLINGTON, FL 33414
S	LYNN A. SPRUNGER	11789 ST. ANDREWS PL, #102	WELLINGTON, FL 33414

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] **SCOTT M. SPRUNGER, Pres**

Date **3/4/04**

Daytime Phone # **561-632-2919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

TR