

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 AUG -4 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA9000076271**

1. Corporation Name

SOUTH FLORIDA DEVELOPMENT HOLDINGS CORP.

2. Principal Office Address

4545 NW 37 COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33142

Country, **US**

3. Mailing Office Address

4545 NW 37 COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33142

Country, **US**

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/25/99

5. FEI Number

65-0943316

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

JOSE A. RODRIGUEZ

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

150 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

STE # 1270

City

CORAL GABLES

State
FL

Zip Code

33134

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

8/31/03

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	MATHEW J. CICERO	4545 NW 37 CT	MIAMI FL 33142
S/T	PAUL H. BENNETT	4545 NW 37 CT	MIAMI FL 33142

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATHEW CICERO

President

7/31/03

Date

305-634-8375

Daytime Phone #

91814

CR2ED01 (10/02)

SOUTH FLORIDA DEVELOPMENT HOLDINGS, CORP.
4595 NW 37TH COURT
MIAMI, FLORIDA 33142

TEL: (305) 634-8375
FAX: (305) 634-7607

July 31, 2003

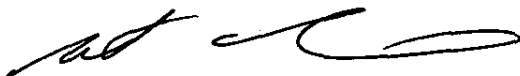
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Gentlemen:

Enclosed is our check in the amount of \$300.00 along with our application for reinstatement. We respectfully request you waive the Reinstatement Fee in the amount of \$600.00, since we did not receive any notices for the annual reports due for 2002 and 2003. As you can see from the address appearing at the top of this letter, we are no longer at the address you have on file for us.

Thank you for your consideration.

Sincerely,



Mathew J. Cicero
President