

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 14 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076785

1. Corporation Name

REFUGE DEVELOPMENT, INC.

2. Principal Office Address

369 N. E. BAKER ROAD

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34994

Country

MARTIN

3. Mailing Office Address

369 N. E. BAKER ROAD

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34994

Country

MARTIN

REINSTATEMENT

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

8/27/99

5. FEI Number

59-2311462

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

FRANK A. WACHA, JR.

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

369 NE BAKER ROAD

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34994

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 11/05/03

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	WACHA, FRANK A JR	369 N. E. BAKER ROAD	STUART, FL 34994
D	WACHA, JANICE B	369 N. E. BAKER ROAD	STUART, FL 34994

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK A WACHA, JR.

11/05/03

Date

772-692-2229

Daytime Phone #

CR2E081 (10/02)

20f2

REFUGE DEVELOPMENT, INC.
369 N. E. BAKER ROAD
STUART, FL 34994
772-692-2229

November 5, 2003

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

Re: Reinstatement of Refuge Development, Inc.
Document #P99000076785

Dear Sir or Madam:

Enclosed is a check in the amount of \$150.00 for the Corporate Annual Filing Fee for Refuge Development, Inc.

We did not receive the Corporate Annual Report by mail. We went online to check on the status of the Corporation and found the address was not correct.

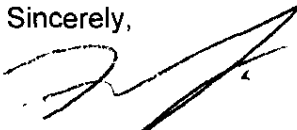
Please correct the address to:

369 N. E. Baker Road
Stuart, FL 34994

We have completed a reinstatement form with all of the correct information. Please reinstate the Corporation from Administrative Dissolution to Active.

Thank you for your assistance in the matter.

Sincerely,



Frank A. Wacha, Jr.

Enclosure

NOV 11 2003
U.S. DEPARTMENT OF STATE
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA