

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 26 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000078827

1. Corporation Name

GROUND DEVELOPMENT, INC. OF FLORIDA

Principal Place of Business

6967 Verde Way
7877 COCOBAY DR.
NAPLES FL 34108

Mailing Address

6967 Verde Way
7877 COCOBAY DR.
NAPLES FL 34108



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6967 Verde Way

Suite, Apt. #, etc.

City & State
Naples, Florida

Zip Country
34108 USA

3. New Mailing Office Address, If Applicable

6967 Verde Way

Suite, Apt. #, etc.

City & State
Naples, Florida

Zip Country
34108 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1999 SP

5. FEI Number

59-3588042

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	FITERMAN, STEVEN C	7877 COCOBAY DR. 6967 Verde Way	NAPLES FL 34108
			300003532383--8 -01/11/01--01026--022 ***750.00 ***750.00
			4000003482044--2 -12/11/00--01025--023 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

PRICE, R. SCOTT
2640 GOLDEN GATE PKWY, STE. 315
NAPLES FL 34105

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

R. Scott Price

REGISTERED AGENT MUST SIGN

Date

11/1/00

11. 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:

Steven Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/00

Daytime Phone #

941-514-0250

CR2E040 (6/00)