

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000078827**

1. Corporation Name

**GROUND DEVELOPMENT, INC. OF FLORIDA**

Principal Place of Business

6967 VERDE WAY  
NAPLES FL 34108

Mailing Address

6967 VERDE WAY  
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/02/1999

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	FITERMAN, STEVEN C	6967 VERDE WAY	NAPLES FL 34108

800009120658  
11/20/02--01075--015 \*\*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 **Will Dempsey**  
Street Address (P.O. Box Number is Not Acceptable) **821 Fifth Ave. So.**  
Suite, Apt. #, Etc. **#201**  
City **Naples** State **FL** Zip Code **34102**

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. or 617.0505, F.S.

Signature of Registered Agent

*Will Dempsey*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11/18/02

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:

*Will Dempsey*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/18/02 739-514-2910

CR2E040 (8/02)