

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -7 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000087088

1. Corporation Name

Resource Development, Incorporated

2. Principal Office Address

PMB130

Suite, Apt. #, etc.

12860 S.Cleveland Avenue 12860 S.Cleveland Ave.

City & State

Fort Myers, Florida

Zip Country

33907 USA

3. Mailing Office Address

PMB 130

Suite, Apt. #, etc.

City & State

Ft. Myers, Florida

Zip

33907

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1999

SP

5. FEI Number

65-0959617

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

Diane Barnes

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

12860 S.Cleveland Avenue, PMB 130

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33907

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

Diane Barnes

REGISTERED AGENT MUST SIGN

Date 11/02/2000

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
PRES.	Diane Barnes	327 Georgia Avenue	Fort Myers, Fl. 33905
V-PRES.	Nicholas Anthony	1384 Burgundy Drive	Fort Myers, Fl. 33919

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: *Diane Barnes* Diane Barnes 11/02/00 941-980-3883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #