

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 OCT 12 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P99000094263**  
1. Corporation Name **SD Development CORP**

**800004670798--2**  
-11/07/01--01050--006  
\*\*\*\*758.75 \*\*\*\*758.75

**2001**

2. Principal Office Address <b>3411 MARLIN SPIKE DR.</b>		3. Mailing Office Address <b>3411 MARLIN SPIKE DRIVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>	
Zip <b>33607</b>	Country <b>USA</b>	Zip <b>33607</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **10/25/99**

5. FEI Number ☐ 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 **DENNIS CASSA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3411 MARLIN SPIKE DRIVE**  
Suite, Apt. #, Etc.  
City **TAMPA**

State **FL** Zip Code **33607**

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 **Dennis Cassa**  
REGISTERED AGENT MUST SIGN

Date **10/9/01**

**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
MR	DENNIS CASSA	3411 MARLIN SPIKE DR.	TAMPA, FL 33607
MR	SHANNON QUAST	3411 MARLIN SPIKE DR.	TAMPA, FL 33607

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)(b), 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: **Dennis Cassa**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/9/01**  
Date

**813-340-0024**  
Daytime Phone #