

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 FEB 13 PM 2:06

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000100563

1. Corporation Name

CASA DE MAYO DEVELOPMENT, INC.

2. Principal Office Address

9320 Clubside Circle

Suite, Apt. #, etc.

#2103

City & State

Sarasota, Florida

Zip

34238

Country

Sarasota

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01-02

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

11/15/99

5. FEI Number

650979381

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

John F. Cook, Esq.

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

330 South Orange Avenue

Suite, Apt. #, Etc.

City

Sarasota,

State
FL

Zip Code
34236

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****900.00 ***900.00

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 **2-12-02**

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
PD	RONALD CHANDLER	9320 Clubside Circle #2103, Sarasota, FL 34238	
SD	NATALIE DUQUET	P.O. Box 2166	Marco Island, FL 34146

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

2-12-02

Date

(941) 544-4000

Daytime Phone #

CR2E081 (9/01)