

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN -7 AM 10:38

DOCUMENT # P99000104547

1. Corporation Name

OTNOR DEVELOPMENTS, INC.

2. Principal Office Address

870 Bald Eagle Drive

Suite, Apt. #, etc.

Suite B6

City & State

Marco Island, Florida

Zip

34145

Country

USA

3. Mailing Office Address

870 Bald Eagle Drive

Suite, Apt. #, etc.

Suite B6

City & State

Marco Island, Florida

Zip

34145

Country

USA

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

12/02/99

5. FEI Number

59-3613690

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

Jeff M. Novatt, Esq.

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

821 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 201

City

Naples

State
FL

Zip Code

34102

400005753574--8

06/11/02-01071-004

*****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

REGISTERED AGENT MUST SIGN

Date

5/13/02

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	S. Arthur Morris	c/o Continental Management Ltd. Century House, 16 Par-la-Ville	Hamilton, HM HX Bermuda
STD	Christopher C. Morris	c/o Continental Management Ltd. Century House, 16 Par-la-Ville	Hamilton, HM HX Bermuda
VP	David C. Bennett	8099 Palamino Drive	Naples, Florida 34113

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
S. Arthur Morris, President

5/28/02

Date

416-620-6661

Daytime Phone #

CR2E081 (9/01)