PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION							
FOR							
REINSTATEMEN							



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P99000110087-**DOCUMENT#**

1. Corporation Name

TWENTY-SEVEN DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address O DOWNELL AVENUE. OOD DDICKELL AVENUE FILED

00 NOV 13 PH 1:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



NINTH-FL	OOR	NINTH-FLOOR	I KARITARA INA KAKID YOTIY EBIYI DOYII BUYAR INADI WAKAI BUKAI BUKAI INDI					
MIAMI EL	33131		,					
If above	addresses are incorrect in any way, line th	rough incorrect information and ente	er correction below.					
2. New P	rincipal Office Address, If Applicable	3. New Mailing Office Address,	ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 12/22/1999			
Suite, Apt	#, etc. O MARY ST. #30	Suite, Apt. #, etc.		5. FEI Numbe	· · · · · · · · · · · · · · · · · · ·		Applied For	
City & Sta	te	City & State		65-	-105229	15	Not Applicable	
33	CONUT GROVE F	Zip Gour	ntry	6. CERTIFICAT	E OF STATUS DESIRED		onal Fee required ficate of Status	
7. Names	and Street Addresses of Each Officer an				T			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
D	BERMAN, DANA		AVENUE, NINTH F	INTH FLOOR MIAMI FL 33131				
4	SCHWARTZ, DA	PFN 3050 A	Mary St.	# 3 18	Coconut	Emve	FL	
1	Set. W. (2 , 3/1	2007	<i>pary</i> 51.		Coconut	3	3133	
				60	000348 -12/05/00- ****750.0		51 004 *750.00	
							-130.00	
				1 80				
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
CDO	NIC STEVEN C		Name					
CRONIG, STEVEN C C/O STEVEN CARLYLE CRONIG & ASSOCIATES, PA Street Address (3250				P.O. Box Number	is Not Acceptable)	•		
407 COURVOISER CENTRE, 501 BRICKELL KEY DR				EEC. 307				
-MIAN	AH FL 33131 2624	_	COCO	NUT E	POVE	State Zip C	3133	
10. I, beir	ng appointed the registered agent of the a	poye named corporation, am familiar	with and accept the o					
Signature Registere		TURE REQ	UIRED		Date	2000		
	700	7	.h. th.l Nontine		antor 207 or 217 E 2 16	orthor portific	hat when filing	
this re	fy that I am an officer or director or the cinstatement application, the reason for dis by the corporation have been paid and th s application is true and accurate, and my	solution has been eliminated, the co e names of individuals listed on this	rporate name satisfies form do not qualify for	the requirement an exemption ur	s of section 607.0401 or 6	317.0401, F.S	., that all fees	

SIGNATURE:

SIGNATUR MUSAUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAREN SCHWARTZ. DIRECTOR

<u>305-34/-06</u>00 Date