PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR (FLORID	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State					
REIN	STATEME	NT 🤏	D D	IVISION OF CO		_	FILE	D	
DOCUMENT # S27517 1. Corporation Name						99 OCT 25 PM 1: 47			
CARLINGFORD DEVELOPMENT COMPANY, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address						1			
760 BROAD LONGBOAT	OWAY KEY FL 34228			760 BROADWAY LONGBOAT KEY FL 34228					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						REINSTATEMENT 44			
				ing Office Address, If Applicable		4. Date incorporate To Do Busin	orated or Qualified ness in Florida	04054004	
Suite, Apt. #, etc. Suite,				ite, Apt. #, etc.		5. FEI Number Applied Fo			
City & State	•		City & State	City & State			59-3052760 Not Applicable 6.		
Zip Country		Zip	Zip Country		CERTIFICATE OF STATUS DESIRED S8 75 Additional Fig. in quited for a Certificate of Status				
7. Names a	and Street Addresse			orida nonprofit o	orporations must list at lea				
Title(s)	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo			4	ity / State / Zip	
PD EASTERLING, NICK				505 77TH ST		HOLMES BEACH FL			
SD	SD MCLAUCHIN, SHARON			3949 RIVERVIEW BLVD			BRADENTON FL		
							000000		
							5000030333558 -11/03/9901002020 ****750.00 ****750.00		
·			*****						
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
MCLAUCHLIN, SHARON H.						Eastenling §			
	ROADWAY	1 f).			Street Address (F	O. Box Number	is Not Acceptable)		
LONGBOAT KEY FL 34228 Sulte, Apt. #, Etc.								[8	
Howle Bul FL 3									
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S. Signature of									
Registered Agent Date									
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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 onth.									
SIGNATURE: SIGNATURE AND TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #									
