
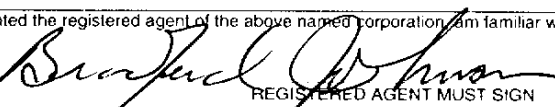
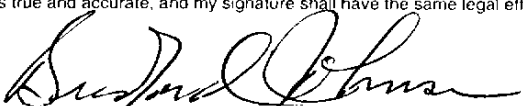


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>S45448</u>			
1. Corporation Name FOX DEN DEVELOPMENT COMPANY			
Principal Place of Business		Mailing Address	
25 MCDANIEL FISH CAMP RD. FREEPORT, FL 32439			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 25 MCDANIEL FISH CAMP RD. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
City & State FREEPORT, FL		City & State	
Zip 32439	Country WALTON	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 4/11/91		5. FEI Number 59-3063417	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P, D	JOHNSON, BRADFORD	25 MCDANIEL FISH CAMP RD.	FREEPORT, FL 32439
REINSTATEMENT 96-99			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name JOHNSON, BRADFORD	
		Street Address (P.O. Box Number is Not Acceptable) 25 MCDANIEL FISH CAMP RD.	
		Suite, Apt. #, Etc.	
		City FREEPORT	
State FL		Zip Code 32439	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent 		Date 4/15/99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		Date 4/15/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****8.75 *****8.75

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