


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S72247**

1. Corporation Name

ALTA DEVELOPMENT, INC.

FILED
97 FEB 19 PM 3:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
333 CAMINO GARDENS BLVD. SUITE 200 BOCA RATON FL 33432 US	333 CAMINO GARDENS BLVD. SUITE 200 BOCA RATON FL 33432 US
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	

REINSTATEMENT 96-97

2. New Principal Office Address, If Applicable 555 S. Federal Hwy. Suite, Apt. #, etc. Suite 350 City & State Boca Raton, FL Zip 33432 Country USA	3. New Mailing Office Address, If Applicable 555 S. Federal Hwy. Suite, Apt. #, etc. Suite 350 City & State Boca Raton, FL Zip 33432 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 08/08/1991	5. FEI Number 65-0282547	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	NEWMAN, MARY KAY	22180 ENSENADA WAY	BOCA RATON FL
D	NEWMAN, FREDERIC D.	22180 ENSENADA WAY	BOCA RATON FL
D	NEWMAN, THEODORE	2300 GLADES RD	BOCA RATON FL
9000002092938--5 -02/20/97--01030--001 ***915.00 ***915.00			

8. Name and Address of Current Registered Agent CIKLIN, ALAN J ESQ. 515 NORTH FLAGLER DR., 17TH FLOOR W. PALM BEACH FL 33401	9. Name and Address of New Registered Agent Name Lloyd Granet, Esquire Street Address (P.O. Box Number is Not Acceptable) 5200 Town Center Circle #301 Suite, Apt. #, Etc. City Boca Raton State FL Zip Code 33406
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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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #