

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 12 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** S92857

**1. Corporation Name**

ST. CLOUD DEVELOPMENT, INC.

800012386508  
02/12/03--01047--010 \*\*1050.00

**2. Principal Office Address**

700 SOUTH OCEAN BLVD.

Suite, Apt. #, etc.  
NO. 1106

City & State  
BOCA RATON, FL

Zip Country  
33432 US

**3. Mailing Office Address**

20801 BISCAYNE BLVD.

Suite, Apt. #, etc.  
STE. 501

City & State  
AVENTURA, FL

Zip Country  
33180 US

**4. Date Incorporated or Qualified  
To Do Business in Florida** 11/08/1991

**5. FEI Number**

650309478

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

GARY A. KORN

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

20801 BISCAYNE BOULEVARD,

Suite, Apt. #, Etc.

SUITE 501

City

AVENTURA

State  
FL

Zip Code  
33180

**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 2/6/03

**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
DPT	HERBERT HIRSCH	700 SOUTH OCEAN BLVD., #1106	BOCA RATON, FL 33432

REINSTATEMENT

02-03

78

**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  
HERBERT HIRSCH, President

2/6/03

Date

305-935-3500

Daytime Phone #