

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 21 PM 4:00

DOCUMENT # **V06842**

1. Corporation Name

ADDISON DEVELOPMENT GROUP, INC.

Principal Place of Business

205 VIA TORTUGA
PALM BEACH FL 33480
US

Mailing Address

205 VIA TORTUGA
PALM BEACH FL 33480
US



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/13/1992

5. FEI Number

65-0305839

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SWANSON, DAN E	205 VIA TORTUGA	PALM BEACH FL 33480

600004721086-3
-12/12/01--01074--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KIRSCHNER, MITCHELL B
2101 CORPORATE BLVD.
STE. 300
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
Kirschner, Mitchell B.
Street Address (P.O. Box Number is Not Acceptable)
1801 N. Military Trail
Suite, Apt. #, Etc.
200
City
Boca Raton, FL
State
FL
Zip Code
33431

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

11/7/01

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 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

Dan E. Swanson

Date

Daytime Phone #

11/5/01 (561) 848-2475

AD