

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

60 APR -8 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V23242**

1. Corporation Name

SOUTH SHORE DEVELOPMENT-D.R., INC.

Principal Place of Business

10 ROYAL PALM WAY
SUITE 203
BOCA RATON FL 33432

Mailing Address

10 ROYAL PALM WAY
SUITE 203
BOCA RATON FL 33432

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

5. FEI Number

65-0322839

03/24/1992

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	DONMOYER, VINCENT	10 ROYAL PALM WAY, #203	BOCA RATON FL 33432
S	TREFFINGER, HENRY III	6 STEWART DR.	CARLISLE PA 17013
V	ALVINE, MERLE	324 LONG MEADOW ROAD	LANCASTER PA 17601

000002842260--8
-04/16/99--01076--007
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

DONMOYER, VINCENT
10 ROYAL PALM WAY
SUITE 203
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Vincent Donmoyer
REGISTERED AGENT MUST SIGN

Date: 3-26-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(g), 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:

Vincent Donmoyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99-56-445-4788
Date Daytime Phone #

CR2EDM000002