PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **MARPLICATION** Sandra B. Mortham **FOR** Secretary of State REINSTATEMENT DJV)SLON OF CORPORATIONS OPMENT CORPORATION FOID ADDRESS Principal Place of Business Mailing Address QUZI HollyHocket DAUGE H 33328 855 CARLES CIL BOYNTON BEACH 855CANEECIR If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address. If Applicable 855 CAMES CAMES CAMES 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 855 CALLES Suite, Apt. #, etc. 5. FEI Number Not Applicable \$8.75 Additional Fee regulred for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip REINSTATEME \*\*\*1200.00 \*\*\*1200.00 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Ton BEACH FI Suite, Apt. #, Etc. 33426 City State Zip Code 10. I, being appointed the registered agent with and accept the obligations of Section 607.0505, F.S. Signature of Registered Age Date REGISTERED AGENT MUST SIGN This corporation owes or has paid the current year Intangible Personal Property tax due June 30. (See other side for information on intangible tax.) Yes 🗀 12.1 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 filling 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 dames 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. e shall have the same legal effect as if made under oath.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

## AMENDMENT FOR CHANGE OF ADDRESS

THE NEW ADDRESS FOR RISLEY DEVELOPMENT CORPORATION

855 CARLEE CIR. BOYNTON BEACH FL 33426

ARRY WILLIAM NSLEY III