

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -9 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V36708

1. Corporation Name

CORDOBA DEVELOPMENT COMPANY

700015562017

04/09/03--01073--005 **2100.00

9403

2. Principal Office Address

3802-A GUNN HIGHWAY

Suite, Apt. #, etc.

3. Mailing Office Address

3802-A GUNN HIGHWAY

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33624

Country

USA

Zip

33624

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 14, 1992

5. FEI Number

59-3202096

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

MELODY E. ALTMAN, ESQUIRE

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

400 NORTH ASHLEY PLAZA

Suite, Apt. #, Etc.

SUITE 3000

City

TAMPA

State

FL

Zip Code

33602 - 4331

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

Melody E. Altman

REGISTERED AGENT MUST SIGN

Date APRIL 8, 2003

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
P	WILLIAM LANCE PONTON	3802-A GUNN HIGHWAY	TAMPA, FLORIDA 33624
VP	WILLIAM LANCE PONTON	3802-A GUNN HIGHWAY	TAMPA, FLORIDA 33624
S	WILLIAM LANCE PONTON	3802-A GUNN HIGHWAY	TAMPA, FLORIDA 33624
T	WILLIAM LANCE PONTON	3802-A GUNN HIGHWAY	TAMPA, FLORIDA 33624
D	WILLIAM LANCE PONTON	3802-A GUNN HIGHWAY	TAMPA, FLORIDA 33624

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:

William Lance Ponton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM LANCE PONTON

04/08/03

Date

813-961-4341

Daytime Phone #

CR2E081 (10/02)