

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P18434**

1. Corporation Name  
**BRECKENRIDGE NAPLES DEVELOPMENT CORPORATION**

Principal Place of Business <b>304 WOODS MILL TERRACE LANE ST. LUIS MI 63017 US</b>	Mailing Address <b>304 WOODS MILL TERRACE LANE ST. LUIS MI 63017 US</b>
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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 <b>Chesterfield, MO</b> Zip <b>63017</b> Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State <b>Chesterfield, MO</b> Zip <b>63017</b> Country
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**FILED**  
97 DEC 30 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida <b>03/15/1988</b>	
5. FEI Number <b>43-1416101</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVS	BRECKENRIDGE, DONALD E.	<del>224 GARLYLE LAKE DR</del> 304 Woods Mill Terrace Lane	<del>GREVE GOEUR MO</del> Chesterfield, MO 63017
TD	BRECKENRIDGE, DONALD E.	<del>224 GARLYLE LAKE DR</del> 304 Woods Mill Terrace Lane	<del>GREVE GOEUR MO</del> Chesterfield, MO 63017
			300002391343-4 -01/06/98-01076-017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

**CJ CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	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 *Barbara A Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY Date **12-3-97**  
REGISTERED AGENT MUST SIGN

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)(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: *Barbara A Burke* Pres. **11/24/97** 314-484-3583  
Date Daytime Phone #

CR2E040 (8/97)