

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
00 NOV -3 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18434**

1. Corporation Name
BRECKENRIDGE NAPLES DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
308 WYNDMOOR TERRACE COURT ST. LOUIS MO 63141 US	308 WYNDMOOR TERRACE COURT ST. LOUIS MO 63141 US

REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	03/15/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	43-1416101
City & State	City & State	Applied For	Not Applicable
Zip	Country	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	4 City / State / Zip
PVS	BRECKENRIDGE, DONALD E	308 WYNDMOOR TERR. CT	ST. LOUIS MO 63141
TD	BRECKENRIDGE, DONALD E	308 WYNDMOOR TERRACE CT	ST. LOUIS MO 63141

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City State Zip Code FL

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: *Vicky Goldstein* **VICKY GOLDSTEIN** SPECIAL ASSISTANT SECRETARY Date: 11/1/00
REGISTERED AGENT MUST SIGN

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: *Donald E. Breckenridge* **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-25-00 Daytime Phone #: 314-434-3503

CR2E040 (8/00)