

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P18434**

1. Corporation Name
BRECKENRIDGE NAPLES DEVELOPMENT CORPORATION

Principal Place of Business 308 WYNDMOOR TERRACE COURT ST. LOUIS MO 63141 US	Mailing Address 308 WYNDMOOR TERRACE COURT ST. LOUIS MO 63141 US
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REINSTATEMENT 02

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/15/1988	
City & State		City & State		5. FEI Number	
Zip		Country		43-1416101	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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
PS	BRECKENRIDGE, DONALD E	308 WYNDMOOR TERR. CT	ST. LOUIS MO 63141
D	BRECKENRIDGE, DONALD E	308 WYNDMOOR TERRACE CT	ST. LOUIS MO 63141

800008787618
 11/04/02--01079--022 #758.75

8. Name and Address of Current Registered Agent

CT 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 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. or 617.0505, F.S.

Signature of Registered Agent *J.L. Miles* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN Asst. Secy. Date October 28, 2002

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.

Donald E. Breckenridge
SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/27/02 314-434-3503 Daytime Phone #

CR2ED40 (8/02)