

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 18 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000077820**

1. Corporation Name

A-1 DEVELOPMENT, INC

2. Principal Office Address

P.O. Box 72

Suite, Apt. #, etc.

3. Mailing Office Address

4315 SW. 34th ST.

Suite, Apt. #, etc.

900003258199--4
-05/19/00--01001--001
***1385.00 ***1350.00

4. Date Incorporated or Qualified
To Do Business in Florida

10/5/95

City & State

MCALPIN FL.

City & State

ORLANDO, FL.

5. FEI Number

59-3342051

Applied For

Not Applicable

Zip

32062

Country

USA

Zip

32811

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARGARET PURRINGTON

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

4315 SW. 34th ST.

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32811

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

Margaret Purrington

REGISTERED AGENT MUST SIGN

Date

5/15/00

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	HENRY BEARDSLEY	4315 SW. 34th ST	ORLANDO FL. 32811
V	GENE DESMARTIN	P.O. Box 72	MCALPIN, FL 32606
ST.	MARGARET PURRINGTON	4315 SW. 34th ST.	ORLANDO FL. 32811
REINSTATEMENT			9.6-10
T. LEWIS MAY 18 2000			

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:

Margaret Purrington **MARGARET PURRINGTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/15/00 407-872-1701

Daytime Phone #

CR2E081 (9/99)