

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

97 FEB 10 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000093858**

1. Corporation Name

SOUTH PALM BAY DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

1661 CRESCENT PLACE N.W.
SUITE 301
WASHINGTON DC 20009

1661 CRESCENT PLACE N.W.
SUITE 301
WASHINGTON DC 20009

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



REINSTATEMENT 90-97

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.		12/11/1995	
City & State		City & State		5. FEI Number	
Zip		Country		58-2224518	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DAVIS, WILLIAM A. JR.	1661 CRESCENT PLACE N.W., SUITE 301	WASHINGTON DC 20009
J			800002085858--7 -02/12/97--01120--025 ****923.75 ****923.75
			062-11-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~RYAN, MICHAEL
215 NORTH GOLA DRIVE
ORLANDO FL 32801~~

Name **MR. PAUL KATLAN**
Street Address (P.O. Box Number is Not Acceptable)
5599 BABCOCK ST., NE
Suite, Apt. #, Etc.
City **PALM BAY** State **FL** Zip Code **32907**

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

P. Katlan

REGISTERED AGENT MUST SIGN

Date **2/8/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *William A. Davis, Jr.* **WILLIAM A. DAVIS, JR.** February 3, 1997 (202) 986-4664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2006 (7/95)