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FILED
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SOUTH PALM BAY DEVELOPMENT
CORPORATION

100043360451
12/13/04--01021--010 **1650.00

2. Principal Office Address

1661 CRESCENT PLACE, NW

Suite, Apt. #, etc.

SUITE 301

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WASHINGTON, DC

City & State

Zip

20009

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/95

5. FEI Number

582224518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

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

12/17/04
DC

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

P. Katlan

REGISTERED AGENT MUST SIGN

Date

12/10/2004

CR2001 (01/04)

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
PRES.	WILLIAM A. DAVIS, JR.	1661 CRESCENT PL., NW #301	WASHINGTON, DC 20009

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:

William A. Davis, Jr.
WILLIAM A. DAVIS, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/04

Date

202-986-4664

Daytime Phone #