

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2016 OCT 18 PM 12:46

DOCUMENT # 000010

1. Corporation Name

Biscayne Bay Company

2. Principal Office Address - No P.O. Box #

3714 Matheson Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

14 E 64 ST

Suite, Apt. #, etc.

4A

City & State

New York, NY

Zip

10065

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/1874

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Yes

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brett Trembly

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

9700 South Dixie Highway

Suite, Apt. #, Etc.

Suite 680

City

Miami

State

FL

Zip Code

33156

600291377386  
12/20/16--01005--004 \*\*4641.25  
600291377386  
10/18/16--01013--014 \*\*758.75

W16000071586

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

Date 10/12/16

REGISTERED AGENT MUST SIGN

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	Eric Blair-Joannou	14 E 64 ST, Apt. 4A	New York, NY 10065
<b>REINSTATEMENT</b>			
	1985-2016		

10. E-mail Address: Eric1901@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/16

917-821-1689

Daytime Phone #