

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 19 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **326917**

1. Corporation Name

Coconut Grove Marine Properties, Inc.

900009740569
12/30/02--01074--005 **8.75

2. Principal Office Address
5995 S.W. 102 Street

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33156 USA

3. Mailing Office Address
5995 S.W. 102 Street

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33156 USA

4. Date Incorporated or Qualified
To Do Business in Florida 02/28/68

5. FEI Number ☒ Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

1977-2002 *Jim*

7. Name and Address of Current Registered Agent

Name
Bill P. Kelley

Street Address (P.O. Box Number is Not Acceptable) 5995 S.W. 102 Street

Suite, Apt. #, Etc.

City
Miami

State Zip Code
FL 33156

900009740569
12/30/02--01074--006 **8.168

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

Bill P. Kelley

Date 12/18/02

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
PD	Bill P. Kelly	5995 S.W. 102 Street	Miami, Florida 33156

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:

Bill P. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/02 305-661-4771

Date Daytime Phone #