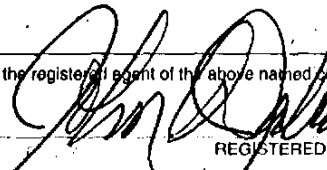
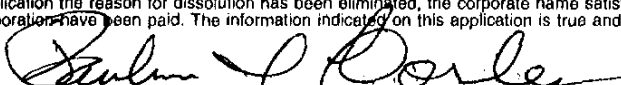


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED FILED 97 APR 29 AM 10:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 668363 1. Corporation Name MONACO BEACH DEVELOPMENT CORP.					
Principal Place of Business 34 E. Snapper Point Dr. Key Largo, FL 33031			Mailing Address: 		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 34 E. Snapper Point Dr. Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 34 E. Snapper Point Dr. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 4/29/80	
City & State Key Largo, FL		City & State Key Largo, FL		5. FEI Number 36-3087826	
Zip 33031		Country U.S.A.		6. CERTIFICATE OF STATUS DESIRED ☐ \$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PD	Pauline I. Corley	34 E. Snapper Point Dr.	Key Largo, FL 33031		
D	Eugene R. Corley	34 E. Snapper Point Dr.	Key Largo, FL 33031		
				100002169711-4	
				-05/07/97-01000-002	
				***1245.00 ***1245.00	
REINSTATEMENT 94-97 A. Alan 4/29/97					
8. Name and Address of Current Registered Agent Thomas J. Roehn One Tampa City Center Suite 2100 Tampa, FL 33602			9. Name and Address of New Registered Agent Name John A. Jabro, Esq. Street Address (P.O. Box Number is Not Acceptable) 90311 Overseas Hwy Suite, Apt. #, Etc. Suite B City Tavernier		
			State FL		
			Zip Code 33070		
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 			Date 3/14/97		
REGISTERED AGENT MUST SIGN					
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:  2/19/97					

CP2E040 (12/95)