

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 26 PM 3:53

DOCUMENT # F98000000401

1. Corporation Name

BOKEELIA MANAGEMENT COMPANY, INC

2. Principal Office Address

5101 Pine Island Road

Suite, Apt. #, etc.

City & State

BOKEELIA FL

Zip
33922

Country
USA

3. Mailing Office Address

5101 Pine Island Road

Suite, Apt. #, etc.

City & State

BOKEELIA FL

Zip
33922

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01-23-1998

5. FEI Number

35-1941969

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

DONALD K SMITH

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

7830 BOCILLA LANE

Suite, Apt. #, Etc.

City

BOKEELIA

State

FL

Zip Code

33922

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

REGISTERED AGENT MUST SIGN

Date 5-3-2000

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
PC	SMITH, Donald K	7830 BOCILLA LANE BOKEELIA, FL 33922	BOKEELIA, FL 33922
VCS	HESTON, LAWRENCE H	9703 HUNT CLUB ROAD	ZIMSVILLE, IN 46077

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 3, 2000

Daytime Phone #

800 293-7256

CR2E081 (9/99)