

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 15 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J39373

1. Corporation Name
BILLY'S ON THE BAY INC.

Principal Place of Business Mailing Address
1601- 79th St. CAUSEWAY
NORTH BAY VILLAGE- FL- 33141

REINSTATEMENT 1995
1996

MWB
11-20-96

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
10/27/1986	
5. FEI Number	Applied For
59-2730015	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/p	WILLIAM L. HERSHEY	1601- 79th St. CAUSEWAY NORTH BAY VILLAGE- FL	NORTH BAY VILLAGE FLORIDA- 33141

300002010659-8
-11/21/96--01019--008
***575.00 ***575.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name AMELIA JAVIER	
		Street Address (P.O. Box Number is Not Acceptable) 9449 BYRON AVE	
		Suite, Apt. #, Etc.	
		City SURFSIDE	State FL Zip Code 33154

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: *Amelia Javier* Date: 11/12/1996
 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: *William Hershey* WILLIAM HERSHEY 11/12/96 (305) 866-1302
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)