

18192

FILED

00 OCT 19 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

Mailing Address

P.O. BOX 2177
KEY WEST FL 33045-2177

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/12/1990

5. FEI Number

65-0185871

Applied For

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NERAAL, JOHN M.	5 EMERALD DRIVE	KEY WEST FL
VP	NERAAL, JOHN M. II	5 EMERALD DRIVE	KEY WEST FL
ST	NERAAL, ROBERTA I.	5 EMERALD DRIVE	KEY WEST FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAPY, HUGH
1214 LAIRD STREET
KEY WEST FL 33040

Name _____

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date _____

REGISTERED AGENT MUST SIGN

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., 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.

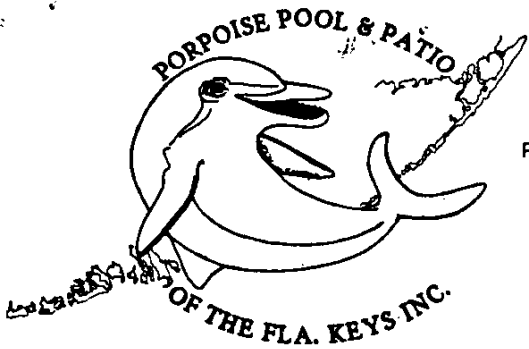
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

0030554



P. O. BOX 2177 ••• KEY WEST, FLORIDA 33040-2177

PHONE (305) 296-8243
FAX (305) 296-8243

pg 292

16 October, 2000

Dear Sir:

I'm enclosing a check for \$ 150.00 as apparently the first check was lost in the mail.

The first check was check # 953 written on 11 February 2000.

Thank you.

Respectfully,

John M. Neraal