

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING APPLICATION

**APPLICATION
FOR
REINSTATEMENT**



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

1996 NOV - 8 AM 10:33

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L98669

1. Corporation Name

MANATEE BAY DEVELOPMENT CO.

Principal Place of Business

**1949 NE 23RD TERRACE
JENSEN BEACH FL 34957
US**

Mailing Address

**1949 NE 23RD TERRACE
JENSEN BEACH FL 34957
US**



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 Office 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

08/04/1980

5. FEI Number

59-3040478

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	O'BRIEN, DOUGLAS A.	1949 NE 23RD TERRACE	JENSEN BEACH FL 34957
TD	O'BRIEN, KAREN L.	1949 NE 23RD TERRACE	JENSEN BEACH FL 34957
VD	NEILL, PHILLIP J.	2006 NE CYPRESS LN	JENSEN BEACH FL 34957
SD	NEILL, TERRALON	2006 NE CYPRESS LN	JENSEN BEACH FL 34957

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-11/15/96--01008--001
-11/15/96--01008--001

8. Name and Address of Current Registered Agent

**O'BRIEN, DOUGLAS A.
1949 NE 23RD TERR
JENSEN BEACH FL 34957**

9. Name and Address of New Registered Agent

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 607.0605, F.S.

Signature of Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 9-25-96

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 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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-96

Date

(810) 982-7940