PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

APPLICATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N0000007671 1. Corporation Name HIS PLACE BY THE SEA, INC.				03 OCT 21 AM 9:08		
				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
				TAL	ÉAHASSEE. FLORIDA	
Principal Place of Business	Mailing Address	 				
734 SAND DOLLAR DR. SANIBEL FL 33957	734 SAND DOLLAR D SANIBEL FL 33957					
If above addresses are incorrect in any way, line th	<u> </u>				MSTATEMENT 03	
2. New Principal Office Address, If Applicable				Date Incorporated or Qualified To Do Business in Florida 11/13/2000		
Suite, Apt. #, etc. City & State				5. FEI Numbe		
Zip Country	Zip	Countr	y	6. CERTIFICATE	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and	/or Director (Florida nor	profit corpora	ations must list at lea	st 3 directors)		
Title(s) Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director			City / State / Zip	
PO James Hotmanek 448			Glory Circle		SANIBEL FL 33957	
TD MAYBEE, RICHARD G		734 SAND DOLLAR DR.			SANIBEL FL 33957	
VD MAYBEE, BARBARA A		734 SAND DOLLAR DR.			SANIBEL FL 33957	
SD - PATTON, LINDA S. 50 JOHN W. Sanfo	ved 9468	9468 PEACEFUL DR / # 1103 14811 Cryster Love			ET Myers, 19 33919	
: (50 10/21/	DO23962115 0301029008 **236.25	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
MAYBEE, RICHARD G 734 SAND DOLLAR DR. SANIBEL FL 33957			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
			City State Zip Code			
10. I, being appointed the registered agent of the ab Signature of Registered Agent	ove named corporation,	Sei	ith and accept the ob	oligations of Sect		
	solution has been elimina	ted, the corpo	orate name satisfies	the requirements	apter 607 or 617, F.S. I further certify that when filing s of section 607.0401 or 617.0401, F.S., that all fees der 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR