PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<u> </u>
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 FEB 16 PH 2: 21
DOCUMENT # NO (OC 1. Corporation Name Friends of Bisa	00002837 cayne Bay, INC.	PLUMITARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 1277 NE 79th ST. CSWY	3. Mailing Office Address	IEINSTATEMENT 63-06
Suite, Apt. #, etc.	SAME Suite, Apt. #, etc.	TEMOINIEMENT 03-06
		4. Date Incorporated or Qualified To Do Business in Florida 4130/300
City & State MiAmi FL	City & State	5. FEI Number Applied For
Zip 33138 Country USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name PAul	Schwief	
Street Address (P.O. Box Number is Not Acceptable) 2699 5. Bayshore Orive		
Suite, Apt. #, Etc. Penthouse A		
City Miami State Lip Code 33133		
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 Date REGISTERED AGENT MUST SIGN		
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	1	ctor City / State / Zip
Pres. Dougan Clark	e in	Stret Minni, FL 33142
VP Bruce Matheson	Y 4940 SUNSET DI	the Minni, FL 33143
O Charles Munroe	2 7340 SW 107	Ten. Pinecrest, FL 33156
		V12/160
	7	3-1'-
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  Date  Daylime Phone #		



## Department of Environmental Protection

Jeb Bush Governor Biscayne Bay Aquatic Preserve 1277 NE 79<sup>th</sup> Street Miami, Florida 33138

Colleen M. Castille Secretary

December 29, 2005

Mr. Sean Toner Division of Corporations Florida Department of State 409 East Gaines Street Tallahassee, Florida 32399

Dear Mr. Toner:

This letter is to request the Corporation Reinstatement of the Friends of Biscayne Bay, Inc. They are a duly authorized community support organization for the Biscayne Bay Aquatic Preserve. As such they are under contract to provide support for the Office of Coastal and Aquatic Managed Areas, Florida Department of Environmental Protection, in accordance with Chapter 20.2551, Florida Statutes. Pursuant to Florida Statute 617.0122, this filing is exempt from any fees when certified by this department.

If further information is needed, feel free to contact Larry Nall at 850-245-2097.

Sincerely,

Stephanie Bailenson, Director

Office of Coastal and Aquatic Managed Areas

cc:

Marsha Colbert, Biscayne Bay Aquatic Preserve Manager

File

Dougan Clarke, President, Friends of Biscayne Bay, Inc.

Bruce Matheson, Vice President, Friends of Biscayne Bay, Inc.

MC/SB'