2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| 1. Entity Nam | MENT # N05000006 BAY FISHING CLUB, INC. | | O6 OCT 20 AM 8: 11 | | | | | |
|---|---|--|---|---|--|---|---------------------------------------|----------------------------|
| Principal Place of Business 27598 MARINA POINTE DR 27598 MARINA POINTE DR BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL | | | | | 1 0 0 10/20/06 | 08108: 010650 | 3 411 10 **70. | 00 |
| Principal Place of Business 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | 26931 MONTESS YOUNTE CT. Suite, Apt. #, etc. | | | 132006 REIN- | NP CR2 | E099 (11/05) | |
| City & State | | #201 City & State BONITA SPRINGS | | | FEI Number | | | oplied For |
| Zip | Country | 34134 | Country 465 | | Certificate of Statu | s Desired | \$8.75 Add | ot Applicable ditional |
| | 6. Name and Address of Current | | A 1 | 7. 1 | Name and Addres | s of New Register | | |
| DATI, JAM | | | Street Address (P.O. Box Number is Not Acceptable) 26931 MONTESS POINTE CT #201 | | | | | |
| | AMI TRAIL N SUITE 250 FL 34103-3555 | 2,1 | | | | | | |
| | | | 30 | NITA - | PRING | <u> </u> | -L 34 | 134 |
| | named entity submits this statement from or registered agent. LIAMES H. PAT Signature, typed or printed name of registered agent | TERSON "T" | ts registered office of the control | or registered ag | ent, or both, in the | e State of Florida. | 11 | and accept |
| | FILE NOW!!! FEE IS \$236.25 nuary 1, 2007, Fee will be \$297 | | ric: pagistered Apent sign | nature required wife | n reinstatung) | | eck payable to | I |
| 10. | OFFICERS AND D | RECTORS | 11. | ADDIT | IONS/CHANGES | TO OFFICERS AND | DIRECTORS IN | ₹ 10 |
| TITLE | | ☐ Delete | TITLE | CO - | P | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-SI-ZIP | 26910 | WARNER WEDGE! A SPRWA | DOD DR | # 201 | |
| TITLE NAME | | Delete | TITLE NAME | CO - F | | ,,,, | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | E De 470. 34110 | 5 | |
| TITLE NAME | MATATERIEN | T CO □ Delete | TITLE VV | - _ | MALISZE | EUSK! | ☐ Change | ☐ Addition |
| STREET ADDRESS | MISTA LINE | | STREET ADDRESS CITY-ST-ZIP | | MRYTLE TA SPRI | WAK CT | 34 <i>134</i> | |
| TITLE NAME | | ☐ Delete | TITLE NAME | UAME | U PAT | TERENT | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 26931 | MONTE | 60 POINTE | |)/ |
| TITLE NAME | _ | ☐ Delete | TITLE | 15" | K Mek | 7 | ☐ Change | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 26938 | MONTES | SO POINTE | | oz |
| TITLE NAME | | ☐ Delete | TITLE NAME | ייביי! | | - | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 3441 7 | FISHER HORN PSUR TA SPRI | | 34/34 | , |
| indicated of the cor | certify that the information supplied w on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address, | s true and accurate and that powered to execute this report | my signature shall rt as required by Ch d. | contained in C have the same apter 617, Flori | Chapter 119, Floric legal effect as if m ida Statutes; and t | da Statutes. I further hade under oath; tha hat my name appea | r certify that the at I am an officer | information or director |
| SIGNAT | | PRINTED NAME OF SIGNING OFFICE | | 182 H. | PATIERS 6 | ~ 718/6/ | Daytime Phone # | 49-173 |

ADDITIONS TO SECTION #11

ILD"

LOHN STAUFFER

68 SOUTH PORT COVE

BONITA SPRINGS, FL 34134

"D"

DICK DANIEL

3652 WOODLAKE DR.

BONITA SPRINGS, FL 3434

BONITA BAY FISHING CLUB 10/13/2006

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

I was advised by a lady from your office to write you a letter and ask for relief of the penalty for late payment. The form we were to file didn't get to us to file. They were sent to the wrong address and the people there did not forward them to me. The first notice I received was the "Notice of Dissolution" which I received today. I was told to enclose a check for the renewal fee of \$61.25 plus the \$8.75 for the Certificate of Status, which I have enclosed.

Please send me the approximate date that I should receive the form each year and the due date of that form so that I can put it in my file to watch for it's arrival.

I thank you for your help in this matter.

Sincerely,

James H. Patterson

Treasurer

State Document # NO5000006235