

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 081600

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 PM 1:04

DOCUMENT # N05593 (1)

1. Corporation Name

Biscayne Bay Power Squadron, Inc.

2. Principal Office Address

290-174TH STREET

Suite, Apt. #, etc.

APT # 1215

City & State

SUNNY ISLES, FLORIDA

Zip

33160

Country

USA

3. Mailing Office Address

19341 NW 52ND COURT

Suite, Apt. #, etc.

City & State

OPALOCKA, FLORIDA

Zip

33055

Country

USA

REINSTATEMENT 97-00

4. Date Incorporated or Qualified
To Do Business in Florida

10 OCT 1984

5. FEI Number

59-6147746

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BONNIE KATZ

000003368550-4

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

290-174TH STREET

-08/23/00--01045--001

****490.00 ****490.00

Suite, Apt. #, Etc.

APT # 1215

City

SUNNY ISLES

State
FL

Zip Code

33160

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

Bonnie Katz

Date 13 Aug 2000

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	Street Address of Each Officer and/or Director	City / State / Zip
CDE	MARJORIE BARAFFE	290-174 TH STREET	SUNNY ISLES, FL 33160
EO	Lt/C HARRY SHULTZ	3944 NE 167 TH STREET	NO. MIAMI BEACH, FL 33160
SEU	Lt/C BONNIE KATZ	290-174 TH STREET	SUNNY ISLES, FL 33160
AO	Lt/C BARBARA LEON	9470 OAK GROVE CIRCLE	DAVIE, FL 33328
Secy	Lt/C DANIEL SABADO	19341 NW 52 ND COURT	OPALOCKA, FL 33055

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)(f), 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:

DANIEL G. SABADO

13 AUG 2000

305 654-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)