

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 JAN 20 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N06600

1. Corporation Name

NORTH BAY FLOTILLA, INC.

Principal Place of Business

600 REDWOOD AVE.  
P.O. BOX 864  
NICEVILLE FL 32588-6533

Mailing Address

600 REDWOOD AVE.  
P.O. BOX 864  
NICEVILLE FL 32588-6533

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2721520

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City & State & Zip 4
PD	DALKE, HENRIETTA	027 ST JOSEPH COVE	NICEVILLE FL
VD	GIVENS, JOHN W.	PO BOX 864, NA	NICEVILLE FL 32578
STD	DONZE, EDW. A	54 TENTH ST	SHALIMAR FL 32579
PD	MORRISON, TERRY	1697 VINE AVE.	NICEVILLE, FL 32578

8. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

9. Name and Address of New Registered Agent

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*John W. Givens*  
REGISTERED AGENT MUST SIGN

Date JAN 17 2000

11. 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:

*Edward A. Donze*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Secy / Treas.*

17 JAN 2000 (850) 654-4148  
Date Daytime Phone #