PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 95-99 REINSTATEMENT

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

FILED

REINSTATEMENT 95-99 2/5/99

DOCUMENT # N12461

1. Corporation Name

STOCK ISLAND MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JOHN COFFEY 6500 MALONEY AVENUE #16 KEY WEST, FL 33040	C/O JOHN COFFEY 6500 MALONEY AVENUE #16 KEY WEST, FL 33040

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
	6500 MALONEY AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.: #16
City & State	City & State: KEY WEST, FL 33040
Zip / Country	Zip: 33040 / Country: MONROE

4. Date Incorporated or Qualified To Do Business in Florida: 12/10/1985

5. FEI Number: 65-0319865 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	JOHN COFFEY	6500 MALONEY AVENUE #16	KEY WEST, FL 33040
V/D	JANICE ROBERTS	6500 MALONEY AVENUE	KEY WEST, FL 33040
S	BUNNIE COFFEY	6500 MALONEY AVENUE #16	KEY WEST, FL 33040
V/D	BEVERLEE WANG	6500 MALONEY AVENUE #58	KEY WEST, FL 33040

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8. Name and Address of Current Registered Agent

ELMER OLENICZAK
6500 MALONEY AVENUE #3A
KEY WEST, FL 33040

9. Name and Address of New Registered Agent

Name: JOHN COFFEY
Street Address (P.O. Box Number is Not Acceptable): 6500 MALONEY AVENUE #16
Suite, Apt. #, Etc.: #16
City: KEY WEST State: FL Zip Code: 33040

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: [signature] REGISTERED AGENT MUST SIGN Date: 1-29-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] Bunnie Coffey 1-29-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E091 (12/98)