PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV 29 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N14522**

1. Corporation Name

LOWER MATECUMBE KEY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 911 ISLAMORADA FL 33036	P.O. BOX 911 ISLAMORADA FL 33036

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 04/22/1986

5. FEI Number: 65-0067301 ☐ 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
SD	HANSON, DONNA	107 IROQUIS DR	ISLAMORADA FL
VD	SYLVESTER, EILEEN	168 GULFVIEW DR	ISLAMORADA FL
~~PD~~ PD	~~STEVENS, WILLIAM H.~~ Michael Bier	~~109 OCEAN LANE~~ 110 BAYVIEW DR.	~~ISLAMORADA FL~~ ISLAMORADA, FL 33036
~~T~~ TD	~~GAETJENS, WILLIAM~~ Suzanne Miller	~~170 BAYVIEW DR.~~ 151 Columbus Dr.	~~ISLAMORADA FL~~ ISLAMORADA, FL 33036

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

NIEBLER, LUCIANN, M
193 EL CAPITAN DR
ISLAMORADA FL 33036

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City ****245. State FL ****245.00

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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: Luciann M. Niebler SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 11/22/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Michael Bier SIGNATURE REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/96 — Date

305-664-8258 — Daytime Phone #

CR2E040(7/96)

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