APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 APR -5 AM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42473

1. Corporation Name

Tocobaga Bay Owners Association, Inc.

REINSTATEMENT 1998-2000

2. Principal Office Address	**3.** Mailing Office Address
1022 Tocobaga Lane	1022 Tocobaga Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34239 Country:	Zip: 34239 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 650268978 ☐ 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: Mike Farrow

400005414374--4
-05/01/02--01026--023
****481.25 ****428.75

Street Address (P.O. Box Number is Not Acceptable): 1022 Tocobaga Lane

Suite, Apt. #, Etc.:

City: Sarasota State: FL Zip Code: 34239

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 _____ Date 4-1-02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D,P	Joe Barnette	1045 Tocobaga Lane	Sarasota, FL 34239
D,V	Jane Robinson	523 S. Palm Avenue	Sarasota, FL 34236
D,S,T	Mike Farrow	1022 Tocobaga Lane	Sarasota, FL 34239

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)(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: _____ 4-1-02 941 861-8285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mike Farrow, Secretary