

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 NOV -4 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004265**

1. Corporation Name

KEY BISCAIYNE LIGHTHOUSE RUN AND WALK, INC.

Principal Place of Business

Mailing Address

500 N MASHTA DR
KEY BISCAIYNE FL

500 N MASHTA DR
KEY BISCAIYNE FL



REINSTATEMENT *g*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/30/1984	
City & State		City & State		5. FEI Number	
Zip		Country		65-0516811	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BREWSTER, JAMES H IV	500 N MASHTA DR	KEY BISCAIYNE FL 33140
D	STONE, EDWARD H	145 HAMPTON LN	KEY BISCAIYNE FL 33140
D	OWENS, ANN S	200 OCEAN LN DR	KEY BISCAIYNE FL 33140
D	BROOKS, ROBERT	95 W MCINTYRE ST	KEY BISCAIYNE FL 33140
			800002000528--8 -11/08/96--01074--001 ***236.25 ***236.25 <i>JBI-7-96</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FRIED, MORTIMER 291 HARBOR CT KEY BISCAIYNE FL		Name <i>James H. Brewster</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>500 NORTH MASHTA DRIVE</i>	
		Suite, Apt. #, Etc.	
		City <i>KEY BISCAIYNE</i>	
		State <i>FL</i>	
		Zip Code <i>33149</i>	

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 *10/24/96*

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: *[Signature]* **REGISTERED AGENT MUST SIGN** *Edward H. Stone* Date *10/24/96* Daytime Phone # *305 772 2190*

CR-2000 (7/96)