

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 SEP 15 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004265

1. Corporation Name Key Biscayne Lighthouse Run and Walk, Inc

**REINSTATEMENT 98-03**

2. Principal Office Address  
101 Ocean Lane Dr

3. Mailing Office Address  
c/o James Brewster  
101 Ocean Lane Dr

Suite, Apt. #, etc.  
Apt. 106

Suite, Apt. #, etc.  
Apt. 106

City & State  
Key Biscayne, Florida

City & State  
Key Biscayne, Florida

Zip Country  
33149 Miami-Dade

Zip Country  
33149 Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida 8/30/94

5. FEI Number 65-0516611 Applied For Not Applicable

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

200023045722  
09/15/03--01018--003 \*\*542.50

**7. Name and Address of Current Registered Agent**

Name  
James H. Brewster

Street Address (P.O. Box Number is Not Acceptable)  
101 Ocean Lane Drive

Suite, Apt. #, Etc.  
Apt. 106

City  
Key Biscayne

State Zip Code  
FL 33149

200023045722  
09/15/03--01018--004 \*\*8.75

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 *[Signature]*  
REGISTERED AGENT MUST SIGN

Date 9/12/03

**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/S	James H. Brewster	101 Ocean Lane Dr., #106	Key Biscayne, FL 33149
D	Edward H. Stone	145 Hampton Lane	Key Biscayne, FL 33149
D	Ann S. Owens	200 Ocean Lane Dr.	Key Biscayne, FL 33149

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: *[Signature]* J.H. BREWSTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 12, 2003 305-361-2701  
Date Daytime Phone #

CR2E081 (10/02)