

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
00 NOV -1 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** N95000005401

**1. Corporation Name**

THE BAHAMA CONCH COMMUNITY LAND TRUST OF  
KEY WEST, INC.

**2. Principal Office Address**

325 JULIA STREET

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

U.S.A.

**3. Mailing Office Address**

325 JULIA STREET

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

Zip

33040

Country

U.S.A.

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

NOV 14 1995

**5. FEI Number**

65-0681293

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

NORMA JEAN SAWYER

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

325 1/2 JULIA STREET

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

**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

*Norma Jean Sawyer*  
REGISTERED AGENT MUST SIGN

Date *October 28, 2000*

**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
PRES.	BRENDA J. MILLER	750 AVENUE "F"	BIGSCOPPITT KEY, FL 33040
V.P.	ETHEL GALLAGHER	412 TRUMAN AVENUE	KEY WEST, FL 33040
SECT.	KAREN CABANAS	317 WHITEHEAD STREET	KEY WEST, FL 33040
REAS.	KAY McMILLAN	1001 VON PHISTER STREET	KEY WEST, FL 33040
B.D.	DONALD CAREY	419 VIRGINIA STREET	KEY WEST, FL 33040
B.D.	BERT BENDER	410 ANGELA STREET	KEY WEST, FL 33040

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*10/28/00*

Daytime Phone #

**KE**

CR2E081 (9/99)