

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUN 17 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000014032

**1. Corporation Name**

Captain Pip's Key Colony Beach, Inc.

1410 Overseas Highway  
1410 Overseas Highway

**2. Principal Office Address**

1410 Overseas Highway

Suite, Apt. #, etc.

**3. Mailing Office Address**

1410 Overseas Highway

Suite, Apt. #, etc.

**City & State**

Marathon, Florida

**City & State**

Marathon, Florida

**Zip**

33050

**Country**

U.S.A.

**Zip**

33050

**Country**

U.S.A.

**REINSTATEMENT**

03-04  
MRS

**4. Date Incorporated or Qualified**

To Do Business in Florida 02/06/2002

**5. FEI Number**

010598559

**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**

Robert K. Miller

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

2975 Overseas Highway

Suite, Apt. #, Etc.

**City**

Marathon

**State**

FL

**Zip Code**

33050

**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

REGISTERED AGENT MUST SIGN

Date 06/14/2004

**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
DP	John H. Maddox	1410 Overseas Highway	Marathon, Florida 33050
DVTS	Barbara R. Maddox	1410 Overseas Highway	Marathon, Florida 33050

**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:**

Barbara Maddox, Barbara Maddox

06/14/2004

305-743-4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #