

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 15 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000036872

1. Corporation Name

Ocean Bay Realty of the Keys, Inc.

REINSTATEMENT 03

2. Principal Office Address

97300 Overseas Hwy

Suite, Apt. #, etc.

STE 5

City & State

Key Largo, FL

Zip

33037

Country

U.S.

3. Mailing Office Address

114 Jerome Ave.

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip

33036

Country

U.S.

100023796661
10/14/03--01063--013 **715.00
10/06/03 01045 029 35.00

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

3/29/2002

5. FEI Number

None

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

Joe Miklas

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

88765 Overseas Hwy

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

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

3 OCT 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
DP	Lawrence J. Bohannon	97300 Overseas Hwy STE5	Key Largo, FL 33037

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/03/02 305-393-6674

Daytime Phone #

CP2E081 (10/02)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ocean Bay Realty of the Keys, Inc.
2. The principal office address: 97300 Overseas Hwy
Key Largo, FL 33037
3. The mailing address (if different): 114 Jerome Ave.
Islamorada, FL 33036
4. Date of incorporation/qualification: 3/29/2002 Document number: P02000036872
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joe Miklas 88765 Overseas Hwy
Tavernier, FL 33070
97300 Overseas Hwy Key Largo, FL 33037

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

81167 Overseas Hwy
Islamorada, FL 33036
(P.O. Box or personal mailbox NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

LAVONNE J BOHANNON
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

30 OCT 03
(Date)

If signing on behalf of an entity:

[Signature]
(Typed or Printed Name)

[Signature]
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314