PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<u> </u>		
CORPORATION REINSTATEMENT	Sec	PARTMENT OF STATE retary of State		
DOCUMENT # P02000043332 1. Corporation Name NEWPORT BAY DEVELOPMENT CORPORATION				
Newport	Bay	Corp.	3 03/1	00270596713 3/1501013024 **1093.75
2. Principal Office Address - No P O Box#	3. Mailing Office	Address		
25091 Bernwood Dr.				CR2E081 (11/10)
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4 Date Incor	porated or Qualified
# 3 City & State	City & State			iness in Florida 4 - 22 - 2002
	City & State		5. FEI Numb	Applied For
Bonita Springs, FL	Zip	Country		676259 Not Applicable
34135		Country	6. CERTIFICA	SS.75 Additional Fee required for a Certificate of Status
7. Name and Address	of Current Registere	d Agent	7 (<u> </u>
Name			•	<u> </u>
Catherine Backos]	A A A
Street Address (P O. Box Number is Not Acceptable) 25091 Bernwood Drive # 3				N
Suite, Apt. #, Etc			1	Control of the contro
City State Zip Code			ł	
Bonita Springs	FL 34135		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 617.050305.5.				
Signature of Valence Bules 3/11/15				
Registered Agent				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
itles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
Pres Catherine Bac	kos	4548 Brynwood Dr		Naples, Fl. 34135
Ties Gatherine Backes 4		TOTO DI YIIWOOG DI		14apics, 11. 0+100
				EXAMINER
			· · · · · ·	M.A TS HAM
REINSTATEMENT				2. HAWKES
a 013-2	775			
10. E-mail Address; catbackos@msn.com				
(To be used for future annual report notification)				

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 507 or 517, 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817, 155, F.S.

if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817, 155, F.S.

SIGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Date | Da