

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 25 PM 2:24

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000127504

1. Corporation Name

TAMPA BAY FOG, INC.

2. Principal Office Address

81167 Overseas Hwy.

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip

33036

Country

US

3. Mailing Office Address

81167 Overseas Hwy.

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip

33036

Country

US

REINSTATEMENT

03-05

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

11/27/2002

5. FEI Number

X

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

REGISTERED AGENT MUST SIGN

Date

2-24-2005

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	Weber, Howard	81167 Overseas Hwy	Islamorada, FL 33036
D	Bohannon, Lawrence J.	81167 Overseas Hwy	Islamorada, FL 33036

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03/08/05--01010--003 **1050.00

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

02/23/2005

Date

305/522-4392

Daytime Phone #

CR2E081 (01/05)