

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN -8 PM 12:50

DOCUMENT # P06000049450

1. Corporation Name

ANNALY BAY CORPORATION

BK

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800165381778
01/08/10--01031--006 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 600 FIFTH AVE. SOUTH		3. Mailing Office Address 600 FIFTH AVE. SOUTH	
Suite, Apt. #, etc. STE 207		Suite, Apt. #, etc. STE 207	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34102	Country	Zip 34102	Country

4. Date Incorporated or Qualified
To Do Business in Florida 04/05/2006

5. FEI Number
204971343

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 JOHN BRUGGER, ESQ	
Street Address (P.O. Box Number is Not Acceptable) 600 5TH AVENUE SOUTH	
Suite, Apt. #, Etc. SUITE 207	
City NAPLES FL	State FL
Zip Code 34102 US	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
VSD	KEVIN KELLOW,	1299 OCEAN AVE. STE 900	SANTA MONICA CA 90401
PTD	KEVIN KELLOW,	1299 OCEAN AVE. STE 900	SANTA MONICA CA 90401

REINSTATEMENT 2009-2010

10. E-mail Address:

(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 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, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Kellow 1/7/09

Date

Daytime Phone #