

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 18 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002791

1. Corporation Name

ISLAND BAY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

290 PEARL STREET
FORT MYERS BEACH FL 33931

290 PEARL STREET
FORT MYERS BEACH FL 33931



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0380356

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARMAN, JOSEPH H.	6640 POWERS FERRY RD.	ATLANTA GA
D	MOON, TIMOTHY A	6640 POWERS FERRY RD.	ATLANTA GA 30330
D	CARLSON, DEBRA J	6640 POWERS FERRY RD.	ATLANTA GA 30339
D	MOON, Leanne S.	290 Pearl Street	FT Myers Beach, FL 33931
D	White, Joseph P.	286 Pearl Street	FT Myers Beach, FL 33931
D	MOON, Tracy L.	286 Pearl Street	FT Myers Beach, FL 33931

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITE, JOSEPH P
290 PEARL STREET
FORT MYERS BEACH FL 33931

Name

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

400003459764--7

Suite, Apt. #, Etc.

-11703700-01118-003

City

***150.00 ***150.00

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joseph P. White
REGISTERED AGENT MUST SIGN

Date 10-13-00

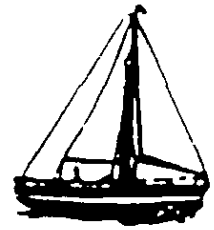
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid 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: Leanne S. Moon Leanne S. Moon 10-13-00 (944) 7656498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LS

Island Bay Marina, L.C.

a residential marina - monthly apartment and boat slip rentals



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

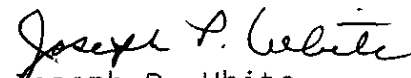
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Dear Secretary of State,

It is beyond comprehension why I, as Registered Agent for Island Bay Associates, Inc., did not receive any communication from the FLORIDA DEPARTMENT OF STATE DIVISIONS OF CORPORATIONS until October 2000-NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION.

I have been the Registered Agent and Dock Master for Island Bay Associates, Inc. since its inception in 1992, and I have never not executed any requirements of me for this organization on time. Please, help me with this exception, since any prior notices were not received. Thank you.

Sincerely,


Joseph P. White

Island Bay Associates, Inc.
Registered Agent