PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 17 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013101

1. Corporation Name

LONDON BAY MANAGEMENT, INC.

Principal Place of Business | Mailing Address

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

REINSTATEMENT 91-98

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
889 111th Avenue North		889 111th Avenue North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Naples, FL		City & State: Naples, FL	
Zip: 34108	Country: U.S.	Zip: 34108	Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 12/18/92

5. FEI Number: 65-0391906 — Applied For / Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres/DIR	Mark D. Wilson	889 111th Ave North	Naples FL 34108
Sec.	Gemma C. Wilson	889 111th Ave. North	Naples FL 34108
Treas.	Mark D. Wilson	889 111th Ave. North	Naples FL 34108

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-11/20/98--01060--007
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Mark D. Wilson
889 111th Avenue North
Naples FL 34108

9. Name and Address of New Registered Agent

Name: Mark D. Wilson
Street Address (P.O. Box Number is Not Acceptable): 889 111th Avenue North
Suite, Apt. #, Etc.:
City: Naples | State: FL | Zip Code: 34108

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: _____ REGISTERED AGENT MUST SIGN — Date: 11/16/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 — Date: 11/16/98 — Daytime Phone #: 941-592-1400