

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



FOR REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008829271
11/06/02--01071--006 **150.00

DOCUMENT # P94000004899

1. Corporation Name

CEDAR KEY DEVELOPMENT COMPANY

Principal Place of Business

1025 7TH ST. 1191 8TH STREET
UNIT 1
CEDAR KEY FL 32625
US

Mailing Address

PO BOX 158
CEDAR KEY FL 32625

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

01/20/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3230781

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DELAINO, WILLIAM E JR	1025 7TH ST UNIT 1 1191 8 TH STREET	CEDAR KEY FL
VP	TAYLOR, RONNIE	16333 ANDREWS CIR	CEDAR KEY FL
S	DELAINO, PEGGY	1025 7TH ST UNIT 1 1191 8 TH STREET	CEDAR KEY FL
D	TAYLOR, DIANA	16333 ANDREWS CIR	CEDAR KEY FL
D	BROOKS, CHARLES B	4050 G STREET	CEDAR KEY FL

8. Name and Address of Current Registered Agent

DELAINO, WILLIAM E JR
1025 7TH ST. 1191 8TH STREET
UNIT 1
CEDAR KEY FL 32625

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

11/5/02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/02

Daytime Phone #

(352) 543 6001

CEDAR KEY DEVELOPMENT COMPANY
P.O. Box 158
Cedar Key, Florida 32625

November 5, 2002


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Reinstatement Request

Our company has been inactive for the past year, but we did not wish to deactivate the corporation. To the best of my knowledge our company did not receive the previous correspondence concerning annual report filing.

Please reinstate our company. A check in the amount of \$150.00 is enclosed.

Sincerely,


William E. Delaino, Jr.
President