

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/20/1994

5. FEI Number

59-3230781

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 3	City / State / Zip 4
P	DELAINO, WILLIAM E JR	1025 7TH ST UNIT 1 1191 8TH STREET	CEDAR KEY FL
VP	TAYLOR, RONNIE	16333 ANDREWS CIR	CEDAR KEY FL
S	DELAINO, PEGGY	1025 7TH ST UNIT 1 1191 8TH 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

REGISTERED AGENT MUST SIGN

Date

11/5/02

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 (352)5436001

Daytime Phone #

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