FORMS **FORM 123L**

Application for Reinstatement

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P94000011387

1. Corporation Name
North Bay Homes, Inc.

REINSTATEMENT 95-99

Principal Place of Business	Mailing Address
330 Alhambra Circle Coral Gables, FL 33134	(Same)

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
1632 S. Bayshore Ct.	(Same)
Suite, Apt. #, etc. Unit 6	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip: 33133 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: February 7, 1994

5. FEI Number: 65-0475029 ☐ 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
P/S/D	Richard A. Bunnell	1632 S. Bayshore Ct., #6	Miami, Florida 33133

CHECK # 1358.75
03/09/99 01074 014
***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

GERLIN, WM. L.
330 Alhambra Circle
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name: Richard A. Bunnell
Street Address (P.O. Box Number is Not Acceptable): 1632 S. Bayshore Ct., 3-26-99
Suite, Apt. #, Etc.: Unit 6
City: Miami State: FL Zip Code: 33133

CR2E040 (1/98)

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 _____ Date March 4, 1999
REGISTERED AGENT MUST SIGN

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 bear the same legal effect as if made under oath.

SIGNATURE: _____ March 4, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard A. Bunnell, President/Secretary/Director