


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT 26 PM 2:17

DOCUMENT # **P95000009525**

1. Corporation Name  
**CEDAR KEY CLAM PATCH, INC.**

Principal Place of Business 7251 SW 132 TERR CEDAR KEY FL 32625 US	Mailing Address P O BOX <del>400</del> 402 CEDAR KEY FL 32625 US
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REINSTATEMENT 01

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 <b>PO Box 402</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>Cedar Key FL</b>
Zip	Zip <b>32625</b>
Country	Country <b>Levy</b>

4. Date Incorporated or Qualified To Do Business in Florida	<b>02/01/1995</b>
5. FEI Number	<b>59-3299085</b>
Applied For	<input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PS	PINNER, DIANA	7251 SW 132 TERR	CEDAR KEY FL
VT	INGRAM, ELI	7351 SW 132 TERR	CEDAR KEY FL

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 -11/14/01--01014--023  
 \*\*\*\*750.00 \*\*\*\*750.00

*[Handwritten signature]*

8. Name and Address of Current Registered Agent

**INGRAM, ELI**  
 7351 SW 132ND TERR  
 CEDAR KEY  
 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 Zip Code  
**FL**

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 *Eli Ingram* **SIGNATURE REQUIRED** Date 10/23/01  
 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: *Diana Pinner* **Diana Pinner** Date 10/23/01 352-543-9985  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED040 (8/01)