PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000013822

1. Corporation Name

MARINE BANK OF THE FLORIDA KEYS

Principal Place of Business

Mailing Address

11290 OVERSEAS HIGHWAY MARATHON FL 33050

SIGNATURE:

11290 OVERSEAS HIGHWAY MARATHON FL 33050 01 NOV -5 AM 10: 53

US If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT OF			
					4. Date Incorp	orated or Qualified ness in Florida	02/17/1995	
Suite, Apt. #, etc. Suite, Apt			ŧ, etc.		5. FEI Number		Applied For	
City & State City			ity & State		65-0414448 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)								
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
VP C	ALLISON, JOHN W		3305 PRINCE		CONWAY AR			
T	BUCKHEIM, RICHARD A	P.O. BOX 430362 N/A		BIG KEY PINE FL				
S .	CONLIN, JOHN W	2557 SOMBRERO BLVD.			MARATHON FL			
P	DANIELS, WILLIAM S	511 AVENIDA PRIMICERIA			MARATHON FL			
				5000046982950. -11/29/0101048015				
						****750.1	00 ****750.00	
Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
DANIELS, W.S.				Name				
	.s, W.S. Overseas highway	Street Address (P.O. Box Number is Not Acceptable)						
MARATHON FL 33050				Suite, Apt. #, Etc.				
<u> </u>				City			State Zip Code	
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. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR