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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P95000038219

1. Corporation Name

Sea Gypsy of Key Largo, Inc.

REINSTATEMENT 98-00

SP

2. Principal Office Address	3. Mailing Office Address
2655 Lejeune Rd	2655 Lejeune Rd
Suite, Apt. #, etc. Suite 1110	Suite, Apt. #, etc. Suite 1110
City & State Coral Gables, Fl	City & State Coral Gables, Fl
Zip 33134 Country USA	Zip 33134 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 5/15/95

5. FEI Number 65-0585562 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Armando Acevedo

Street Address (P.O. Box Number is Not Acceptable): 2655 Lejeune Road

Suite, Apt. #, etc.: Suite 1110

City: Coral Gables State: FL Zip Code: 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 11-14-00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STD	Miguel Espinosa	2655 Lejeune Rd #1110	Coral Gables, Fl 33134

10. I certify that I am an officer or director of 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: _____ 11-14-00 3054474513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT

SEA GYPSY OF KEY LARGO, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,058.75