

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 24 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **XP95000046892**

1. Corporation Name

CONCH RESTORATIONS II, INC

2. Principal Office Address

7007 SHRIMP RD

3. Mailing Office Address

6810 FRONT ST.

Suite, Apt. #, etc.

-

Suite, Apt. #, etc.

239

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

JUNE 12, 1995

5. FEI Number

36-4573957

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 96-05

7. Name and Address of Current Registered Agent

Name

RICHARD LIGHTNER

Street Address (P.O. Box Number is Not Acceptable)

6810 FRONT ST.

Suite, Apt. #, Etc.

239

City

KEY WEST

300056402943

06/21/05--01064--002 **1000.00

300056402943

06/21/05--01064--003 **573.75

State

FL

Zip Code

33040

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

REGISTERED AGENT MUST SIGN

Date **6-16-05**

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
D/P/S	RICHARD LIGHTNER	6810 FRONT ST., #239	KEY WEST, FL 33040
T/V	MICHAEL DEMCHAK	1425 WHITE ST.	KEY WEST, FL 33040

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-16-05 305-304-0626

Date

Daytime Phone #

CR2E081 (01/05)

2083

Richard Lightner
6810 Front Street, # 239
Key West, Florida 33040

DATE: June 16, 2005

TO: Florida Department of State
Secretary of State
Division of Corporations

From: Ric Lightner, Pres
Conch Restorations II, Inc.
6810 Front St., # 239
Key West, Fl 33040

RE: Request for Waiver of Corporate Reinstatement Fee

After requesting a waiver of the corporate reinstatement fee and explaining the circumstances of the corporate inactivity of Conch Restorations II, Inc. to your department in a telephone conversation, the examiner (who was very nice) suggested I write a letter of explanation.

We incorporated in June of 1995 on the advice of my attorney who did the incorporation documents. In that first year of incorporation, our mailing address was one of 15 in a housing redevelopment complex in old town Key West. I did not receive much of my mail, including the renewal, in the confusion of that redevelopment. That attorney who incorporated us and was to continue structuring the business for us, moved from Key West and without his guidance the corporation became and remained inactive.

We now have a plan and would like to reactivate the business. I have taken the liberty of writing this letter to respectfully request a waiver of the \$ 600.00 reinstatement fee.

Sincerely,



Ric Lightner