

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

97 NOV -3 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000010901**

1. Corporation Name

**CASUARINA BAY CORP.**

Principal Place of Business

88540 OVERSEAS HWY.  
TAVERNIER FL 33070

Mailing Address

88540 OVERSEAS HWY.  
TAVERNIER FL 33070

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**136 Ocean Drive**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**136 Ocean Drive**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

01/31/1996

5. FEI Number

**65-0638989**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	KOENES, VERNON	<del>88540 OVERSEAS HWY</del> <b>136 Ocean Drive</b>	TAVERNIER FL 33070

100002340561--5

11/06/97-01083-018

\*\*\*\*165.00 \*\*\*\*165.00

*W m 21*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OTTO-FITZDAM, WAYNE  
138 PLANTATION AVE.  
TAVERNIER FL 33070

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

*Wayne Otto Fitzdam*  
REGISTERED AGENT MUST SIGN

Date **10/28/97**

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 have the same legal effect as if made under oath.

SIGNATURE:

*Vernon Koenes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (8/97)

# Casuarina Bay Corporation

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October 30, 1997

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Division of Corporations:

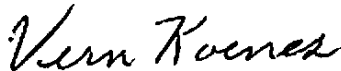
I manage and operate a fishing charter business based at Whale Harbor Marina in Islamorada. I have received a notice that I did not re-file this business by the required date, and that the business will be dissolved unless I pay the fine to maintain its operation.

Being relatively new to the ownership of this business and not receiving this re-file notice, I was totally unaware of any such regulation. It was never received by me nor by my agent, and therefore never filed.

Please allow me to pay the minimal fee and maintain the business in good standing. I certainly had no intention of jeopardizing my business by not complying with the required rules and regulations. Now that I am aware of this fee, it will be processed within any time requirements in the future.

Thank you for your consideration.

Sincerely,



Vern Koenes