PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
	DA DEPAR MENT OF STATE		
FOR	Katherii e Harris Secretan of State		
		FILED	
DOCUMENT # P96000058592 1. Corporation Name		01 APR 23 AM 9: 30	
CLEAR BAY INVESTMENTS CORPORATION		SEURETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Add	tress	-	
ONE-PROGRESS PLAZA	TOWER. SUITE-1 2 10 SRESS-PLAZA		
ST-PETERSBURG FE-80701			
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5959 Central Ave 5959 Central Ave		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. Suite, Apt. #		5. FEI Number	Applied For
City & state St. Petersbang, 41. St. P	etershana	59-3392446	Not Applicable
Zip Codnity Zip 88.75 Additional Fee required 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 orporations must list at least 3 directors)			
Name of Officers Title(s) and/or Directors 1 2	Street Address of Each Officer and/or Director 3		lip
D HAYES, GEORGE L III - NATIONSHANK TOWER, STE. 1210-1 P- ST PETERSBURG FL 3370+ 33710 S959 (mitral flue, Surge 201			
D GILLIAM, JERY F	NATIONSHANK TOWER, STE. 12 5959 (A)		710
D HOWELL, WILLIAM H	NATIONSIJANK TOWER, STE. 12 5959 - 2005tral Auc, 5	te 201 33710	
		8000042757 -05/22/010102 *****600.00 **	189 29026 ***600.00-
		. C	
800004275 *9 89 -05/22/0101029027			
8. Name and Address of Current Registered Ag	9. Name and Address of New Registered Agent	**308.69 6	
HAYES, GEORGE L III Street Address (P.O. Box Number is Not Acceptable) NATIONSBANK TOWER, SUITE 1210 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)			
NATIONSBANK TOWER, SUITE 1210		Central Aux	CR2E0
	20\ State Zip	Code	
10. I, being appointed the registered agent of the above named corporation, am far ultiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Date Date			
11. I certify that I am an officer or director or the receiver or trustee empowered to ϵ (ecute 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 Ir gal effect as if made under oath.			
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFIC IR OR DIRECTOR Date Date Date Daylime Phone #			

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