

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000092489

1. Corporation Name

MOONSHINE BAY CORPORATION OF LAKEPORT, INC.

Principal Place of Business

~~9919 Country Oaks Drive~~
Fort Myers, Florida 33912

Mailing Address

(Same)

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

2. New Principal Office Address, If Applicable

87 Miller Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

87 Miller Drive

Suite, Apt. #, etc.

City & State

Lakeport, Florida

Zip

33471

Country

USA

City & State

Lakeport, Florida

Zip

33471

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/27/97

5. FEI Number

65-0815568

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSTD	Walter J. Serbon	9919 Country Oaks Drive	Fort Myers, FL. 33912

REINSTATEMENT

98 99

TS 1/8/99

8. Name and Address of Current Registered Agent

Walter J. Serbon
9919 Country Oaks Drive
Fort Myers, Florida 33912

9. Name and Address of New Registered Agent

Name

Walter J. Serbon

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

87 Miller Drive

Suite, Apt. #, Etc.

City

Lakeport,

State

FL

Zip Code

33471

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 January 7, 1999

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter J. Serbon, President

January 7, 1999

Date

(941) 369-5811

Daytime Phone #