

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**

99 JAN -8 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800002740673--3  
-01/13/99--01103--011  
\*\*\*750.00 \*\*\*750.00

800002740673--3  
-01/13/99--01103--012  
\*\*\*150.00 \*\*\*150.00

DOCUMENT # P97000092489

1. Corporation Name  
MOONSHINE BAY CORPORATION OF LAKEPORT, INC.

Principal Place of Business Mailing Address  
~~9919 Country Oaks Drive~~ (Same)  
~~Fort Myers, Florida 33912~~

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.

4. Date Incorporated or Qualified To Do Business in Florida 10/27/97

5. FEI Number 65-0815568  
Applied For Not Applicable

City & State Lakeport, Florida  
Zip 33471 Country USA

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

**REINSTATEMENT** 98 99  
TB 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 [Signature] 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] January 7, 1999 (941) 369-5811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Walter J. Serbon, President

CR2E040 (1/99)