PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P98000043203

1. Corporation Name

HALCYON BEACH, INC.

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AVENUE B & WATSON BLVD. BIG PINE KEY FL 33043

SIGNATURE:

P.O. BOX 431956 BIG PINE KEY FL 33043 FILED

01 FEB -9 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above a	address	es are incorrect in any way, line thr	ough incorrect in	nformation and ente	r correction below.	1.				
			ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida					
Suite, Apt. #, etc. Suite, Apt. #,		etc.		05/13/1998						
City & State City & State					5. FEI Number		plied For			
City & State		City & State	ne .			83 4451	N	ot Applicable		
Zip Country Zip		Zip	Country		6. CERTIFICATE OF STATUS DESIRED 6 \$8.75 Additional Fee require for a Certificate of Status					
7. Names	and Str	eet Addresses of Each Officer and	or Director (Flo	rida nonprofit corpo	rations must list at le	east 3 directors)				
Title(s)	2	Name of Officers and/or Directors				ch or	City / State / Zip			
<i>P/</i> b	CON	LEY, ROGER W		224 ASHBY CIF	RCLE		VERSAILLES KY 4038	33		
5/D	PR	EVATT, BAUKS	G.	141 Pig	CATES '	Ro.	LITTLE TO	rch ike	3042 Y, FL	
			· · · · · · · · · · · · · · · · · · ·			<u> </u>	 0000374	6827	<u>2</u>	
•		! ! !		,			-02/22/01 ***1050.0		-021 050.00	
•				REA	ISTATE	WENT	99-01		,	
8. Name and Address of Current Registered Agent				ent	9. Name and Address of New Registered Agent					
EDSKI	NE, LA	DDV D			Name	KS G.	PREVATT	erenge erasadi		
	AVEN	1	,	,		P.O. Box Number	is Not Acceptable)			
		Y FL 33043	a-	•	Suite, Apt. #, Etc	IRATES	ΚŲ,			
DIO 1 1	TE	1 12 30010								
	•	 	· · · · · · · · · · · · · · · · · · ·		City LITTLE	TORCH	KEY F	ate Zip Code	42	
10. I, bein	g appoir	ted the registered agent of the abo	ve named corpo	oration, am familiar v	with and accept the	obligations of Secti	ion 607.0505, F.S.	 	•	
Signature o		- TSTERMA	TURE	PEQ	MRED		Date Les.	6,200	91	
REGISTERED AGENT MUST								<u>-</u>		
this reir owed b	nstateme y the co	m an officer or director or the recei ont application, the reason for disso rporation have been paid and the ion is true and accurate, and my si	olution has been names of individ	eliminated, the corp uals listed on this fo	porate name satisfies from do not qualify for	s the requirements r an exemption und	of section 607.0401 or 61	7.0401, F.S., tha	t all fees	

Feb. 6, 2001