

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 17 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000007635

1. Corporation Name

OFFICE ON THE BAY, INC

700163725947  
12/17/09--01037--019 \*\*\$600.00

700163725947  
12/17/09--01037--020 \*\*\$8.75

REINSTATEMENT 06-09

2. Principal Office Address - No P.O. Box #

7000 Island Blvd

Suite, Apt. #, etc.

PH 10

City & State

Aventura FL

Zip

33160

Country

USA

3. Mailing Office Address

7000 Island Blvd

Suite, Apt. #, etc

PH 10

City & State

Aventura FL

Zip

33160

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Jan 1999

5. FEI Number

65-1021183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gerard Billet

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

7000 Island Blvd

Suite, Apt. #, Etc.

PH 10

City

Aventura

State

FL

Zip Code

33160

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/11/2009

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Gerard Billet	7000 Island Blvd, PH 10	Aventura FL 33160

12/18

10. E-mail Address: Gerardbillet@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

BILLET

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/2009

Date

Daytime Phone #