

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 20 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000083069

1. Corporation Name

JUNO OCEAN KEY REALTY, INC.

2. Principal Office Address

14050 US Highway ONE

Suite, Apt. #, etc.

3. Mailing Office Address

14050 US Highway One

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

City & State

North Palm Beach, FL

Zip

33408

Country

USA

Zip

33408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9./21/99

5. FEI Number

73-1628461

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

Albert Shackleton

Street Address (P.O. Box Number is Not Acceptable)
14050 US Highway One

Suite, Apt. #, Etc.

City

North Palm Beach

State
FL

Zip Code

33408

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 06/14/02

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
PTD	Albert Shackleton	14050 US Highway One	North Palm Beach, FL 33408
SV	Barbara Shackleton	14050 US Highway One	North Palm Beach FL 33408
			900006097699-06/28/02-01021-005
			***900.00 ***900.00
			900006097699-06/28/02-01021-006
			***185.00 ***185.00

10. 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)(f), 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
ALBERT SHACKLETON

06/14/02 561-308-3119

Date

Daytime Phone #