

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Harris
of State
CORPORATIONS

DOCUMENT # P99000088207

1. Corporation Name

TREASURE BAY, INC.

Principal Place of Business

Mailing Address

~~1758 PINE CHANNEL DRIVE~~
~~LITTLE TORCH KEY FL 33042~~

1758 PINE CHANNEL DRIVE
LITTLE TORCH KEY FL 33042

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~27205 OVERSEAS HWY.~~
~~Suite, Apt. #, etc.~~
~~BAMROD KEY FL.~~

~~P.O. Box 432951~~
~~Suite, Apt. #, etc.~~
~~BIG PINE FL.~~

City & State

City & State

Zip 33042 Country MONROE, USA

Zip 330951 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

10/06/1999

5. FEI Number

65-0952050

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	City / State / Zip
D.	GRAY, ANGEL A	1758 PINE CHANNEL DRIVE	LITTLE TORCH KEY FL 33042
D.	GRAY, JERRY D.	1758 PINE CHANNEL DR.	LITTLE TORCH KEY FL 33042
			400004699994--8
			-11/30/01--01039--003
			****550.00 ****550.00
			ILS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KRUER, WAYNE~~
~~600 WHITEHEAD STREET~~
~~KEY WEST FL 33040~~

Name

JERRY D. GRAY

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

1758 PINE CHANNEL DR.

Suite, Apt. #, Etc.

LITTLE TORCH KEY

City

State

FL

Zip Code

33042

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 OF REGISTERED AGENT MUST SIGN

Date 10-20-01

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 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

Date

10-20-01

Daytime Phone #

305-9236631

FILED

01 NOV -2 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/01)