

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary
 DIVISION OF CORPORATION

FILED
 99 AUG 16 AM 11:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S 93955

1. Corporation Name
 Serendipity Keys, Inc.

Principal Place of Business Mailing Address

91865 Overseas Hwy
 Tavernier FL 33070

900002946179--G
 -07/30/99--01075--017
 ****952.52 ****900.02

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 11-13-91

5. FEI Number
 65-0294425

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	MARGARET THOMPSON	91865 Overseas Hwy	Tavernier, FL 33070
REINSTATEMENT 98-99			
V.S			
		V. SHEPARD	AUG 18 1999

8. Name and Address of Current Registered Agent

Margaret Thompson
 91865 Overseas Highway
 Tavernier
 Florida 33070

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 *Margaret Thompson* REGISTERED AGENT MUST SIGN Date *13th Aug. 99.*

11. This corporation owes 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.

MARGARET THOMPSON,
 SIGNATURE: *Margaret Thompson* 7.26.99. (305) 252 431.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25081 (12/98)

Tracking #: 900002946179



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