

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -6 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004190

Corporation Name

SOUTHEASTERN SAILING INDUSTRIES
ASSOCIATION, INC.

Principal Office Address

421 Bay St. S.E.

City, Apt. #, etc.

3. Mailing Office Address

P.O. Box 382

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA

Zip

33731

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida.

09/13/1993

5. FEI Number

59-3230931

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

RINDA, TOM

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

1717 MASSACHUSETTS AVE. N.E.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State
FL

Zip Code

33701

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Nov. 5, 2002

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
D	FRISOSKY, RONALD	1648 So. LAKE SHORE DR	SARASOTA, FL 34231
VPD	MASSEY, EDWARD	1015 RIVERSIDE DR	PALMETTO, FL 34221
VPD	MORGAN, CHARLES	200 2ND AVE. SOUTH	ST. PETERSBURG, FL 33701
TD	RINDA, TOM	1717 MASSACHUSETTS AVE. N.E.	ST. PETERSBURG, FL 33703
PD	FRENCH, LARRY	3000 GANDY BLVD.	ST. PETERSBURG, FL 33702
SD	MORGAN, SALLY	200 2ND AVE. SOUTH	ST. PETERSBURG, FL 33701

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 15, 2002

Date

Daytime Phone #

941-723-1610

CR2E081 (9/01)