# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Nov 22, 2006**
**Secretary of State**

DOCUMENT# 449494

**Entity Name:** SEA CRUISE, INC.

**Current Principal Place of Business:**

6260 SW TUSTENUGGEE AVE
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

6260 SW TUSTENUGGEE AVE
LAKE CITY, FL 32025 US

**New Mailing Address:**

**FEI Number: 59-1542517** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANIELS, PAT T
6260 SW TUSTENUGGEE AVE
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEVIN NEWMAN- ASSISTANT SECRETARY 11/22/2006
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: DANIELS, PAT T.,
Address: 6260 SW TUSTENUGGEE AVE
City-St-Zip: LAKE CITY, FL 32024

Title: V ( ) Delete
Name: CARPENTER, DENNIS,
Address: 950 LAKE MONTGOMERY DR.
City-St-Zip: LAKE CITY, FL

Title: ST ( ) Delete
Name: GRAHAM, JOANNE B
Address: SE 902 CR 245
City-St-Zip: LAKE CITY, FL 32025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT T DANIELS PD 11/22/2006
Electronic Signature of Signing Officer or Director Date