

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 26 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

509573

1. Corporation Name

THE THREE ADMIRALS CO., INC.
4000 N.E. INDIAN RIVER DRIVE
JENSEN BEACH, FLORIDA 34957

600006855496--7
-08/01/02--01047--037
****300.00 ****300.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1977

5. FEI Number

59-1699590

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

~~Robert P. Summers~~ Bruce Koebe PA

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

~~2400 SE Federal Hwy~~ 2477 NE Dixie Hwy

Suite, Apt. #, Etc.

City

~~Jensen Beach~~ Jensen Beach

State
FL

Zip Code

34957

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

Date

7/22/2002

REGISTERED AGENT MUST SIGN

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
Pres	Lisa Dietderich	113 NE Bracken Rd	P.S.C., Fl. 34983
VP	George E Tschudi Jr	3786 NE Skyline Dr	Jensen Beach, Fl 34957
Sec.	Jessie B.V. Tschudi	3786 NE Skyline Dr	Jensen Beach, Fl 34957

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-02

Date

(772)334-3080

Daytime Phone #

THE THREE ADMIRALS CO., INC.
4000 N.E. INDIAN RIVER DRIVE
JENSEN BEACH, FLORIDA 34957

To: Dept of State

To Whom It May Concern,

Enclosed, please find a check for 300⁰⁰ to cover reinstatement fee's for our corporation. We did not receive the corporate forms in the mail, and did not even realize we had been dissolved until we heard it from someone else! I spoke with the man at your office & tried to download the forms, but was unable to download. They were kind enough to send them to us.

Thank-you,

Sincerely,
James Zubell