

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY 20 04:10:00

DOCUMENT # 715234

1. Corporation Name

SEAFARING COLLEGE, INC.

2. Principal Office Address

1819 Glengary Street

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip 34231

Country USA

3. Mailing Office Address

P.O. Box 4009

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip 34230

Country USA

200054865582
05/19/05--01072--001 **1225.00

REINSTATEMENT

89.05

4. Date Incorporated or Qualified
To Do Business in Florida 9/10/1968

5. FEI Number
59-6214460

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
Henry P. Trawick, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2033 Wood Street

Suite, Apt. #, Etc.
Suite 218

City
Sarasota

State
FL

Zip Code
34237

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

REGISTERED AGENT MUST SIGN

Date 5/17/2005

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
P/ S/T/D	Noble, Becky	1819 Glengary Street	Sarasota, Fl 34231
D	Halstead, Heather	1819 Glengary Street	Sarasota, Fl 34231
D	Guttridge, Alan	1819 Glengary Street	Sarasota, Fl 34231

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:

Becky A Noble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BECKY NOBLE, AS PRESIDENT

May 17, 2005

Date

(941) 924-6789

Daytime Phone #

CR2E081 (01/05)