

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

APPROVED
AND
FILED

081022

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754418

1. Corporation Name

APALACHEE BAY MARINE SAFETY SUPPORT GROUP, INC.

Principal Place of Business

18 GULF BREEZE CT.
CRAWFORDVILLE FL 32327

Mailing Address

18 GULF BREEZE CT.
CRAWFORDVILLE FL 32327

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1980

5. FEI Number

59-2928401

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
PD	RUSSELL, WILLIAM L	9010 WINGED FOOT DR.	TALLAHASSEE FL
VD	TREFZGER, EMIL A	62 JANET DR.	CRAWFORDVILLE FL
TD	ROSENAU, JACK C	1177 OLD FORT DR.	TALLAHASSEE FL
SD	EDRINGTON, JACK D <i>JACK</i>	18 GULF BREEZE CT.	CRAWFORDVILLE FL
D	MORGAN, ROBERT M	29 CONNIE DR.	CRAWFORDVILLE FL

10/21/96

8. Name and Address of Current Registered Agent

KINNEBREW, T.N.
18 GULF BREEZE CT.
CRAWFORDVILLE FL 32327

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500001984615--8

-10/24/96--01006--005

*****61.25 FL *****61.25

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

T.N. Kinnebrew

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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.

SIGNATURE:

John D. EDRINGTON

JOHN D. EDRINGTON

10-21-96

Date

Daytime Phone #

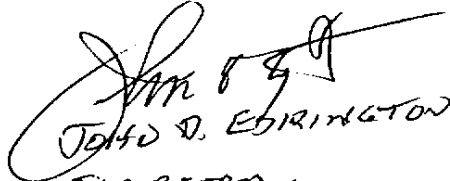
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)

10-21-96 *ggg*

TO: WHOM IT MAY CONCERN

1. THE ORGANIZATION, APALACHEE BAY MARINE SAFETY SUPPORT GROUP, INC. FILED A NAME CHANGE FROM FLOTILLA 13, INC ON 5 MARCH 1996
2. THE SECRETARY RECEIVED THE 1ST NOTICE OF FILING IN THE NAME OF FLOTILLA 13, INC WITH THE WRONG OFFICERS IN MAY OF 1996. IT WAS IGNORED WITH THE BELIEF A NEW ONE WOULD FOLLOW.
3. THE CORRECT NOTICE WAS NEVER RECEIVED
4. A CANCELLATION NOTICE WAS THE FIRST NOTIFICATION RECEIVED WITH THE CORRECT NAME, AND OFFICERS ON IT.


JOHN D. EDGINGTON
SECRETARY
APALACHEE BAY MARINE SAFETY
SUPPORT GROUP INC.