

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # 756961**

1. Entity Name  
**THE ADMIRALTY, INC.**



Principal Place of Business  
**2511-2515 BAY BLVD  
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address  
**2181 INDIAN ROCKS RD S STE 1  
LARGO, FL 33774 US**

FILED

08 FEB 29 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

02182008 REIN-NP

CR2E099 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-2100836**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCONNELL, NICOLA  
2181 INDIAN ROCKS RD S #1  
LARGO, FL 33774**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **MORRISEY, KENNETH**  
STREET ADDRESS **2515 C. BAY BLVD.**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **MARCIA LIJEWSKI**  
STREET ADDRESS **2511-B BAY BLVD.**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **VPD** ☒ Delete  
NAME **MORRISEY, ED**  
STREET ADDRESS **2515 A BAY BLVD.**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE ☐ Change ☐ Addition  
NAME **200119099812**  
STREET ADDRESS **02/29/08--01007--004 \*\*122.50**  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **PHILLIPS, BRETT**  
STREET ADDRESS **2515 B BAY BLVD**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **BIRCH, LAURIE**  
STREET ADDRESS **2511 B BAY BLVD**  
CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marcia Lijewski*

*marcia Lijewski*

*2/22/08*

*727-584-6695*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #