

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 10 PH 4:29

DOCUMENT # 767666

1. Corporation Name

MARITIME COLLEGE ALUMNI ASSOCIATION FLORIDA CEN  
TENNIAL CHAPTER, INC.

Principal Place of Business

Mailing Address

501 SHERBURN COURT  
ORLANDO FL 32828  
US

501 SHERBURN COURT  
ORLANDO FL 32828  
US



99-00

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

REINSTATEMENT AD

Date Incorporated or Claimed  
To Do Business in Florida

03/25/1983

5. FEI Number

59-1281848

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	4 City / State / Zip
PD	GARVEY, DARRELL D	501 SHERBORN COURT SHERBORN	ORLANDO FL 32828
D	<del>KING, STEPHEN</del> Thomas, Thomas	1598 LAGO VISTA BLVD 1347 Heritage Acres Blvd.	PALM HARBOR FL 34897 Rockledge, FL 32955
D	<del>TOSCANO, ROGERO</del> Richard Geiger	801 S. OCEAN DR., #208 P.O. Box 410411	FT. PIERCE FL Sunrise, FL 32941-0411
D	HEYEN, GEORGE Perry Walter	1475 48 AVE. N. 7160 North Cocoa Blvd. Cocoa	MADERIA BEACH FL Cocoa, FL 32927
D	HENLEY, FRANK Joyce, Donald	15 ISLAND WAY #311 3710 Schrefflers Drive	CLEARWATER FL 34630 North Fort Myers, FL 33917

8. Name and Address of Current Registered Agent

GARVEY, DARRELL D  
501 SHERBURN COURT  
ORLANDO FL 32828

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

4/10/00

11. 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)(f), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

Daytime Phone #

CR2E040 (8/99)