

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000004798 (4)

1. Corporation Name

Sea Market, Inc.

Principal Place of Business

Mailing Address

Old Shrimp Rd.
Stock Island
Key West, FL 33040

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

C/O Betty W. Gulley, EA

1300 West Park #7

Little Rockn AR

72204

Palaski

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

9/15/94

Applied For

Not Applicable

64-0734230

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
P	Hemmenway, Brad	101 Houston Ave	PT. Arthur, TX 77640
VB	Hemmenway, Jack	101 Houston Ave	PT. Arthur, TX 77640
T	Stringfellow, Jim	101 Houston Ave	PT. Arthur, TX 77640
S	Herring, Tony	30 Hilton Haven #1	Key West, FL 33040
			9000002777139-4 -02/16/99--01067--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Tony Herring
30 Hilton Haven #1
Key West, FL 33040

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony L. Herring

12/17/98

Date

Daytime Phone #

FILED

99 FEB -8 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR20040 (1/98)