

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 # **H25320**
AZURE TIDES, INC.

1. Corporation Name

FILED

97 SEP 11 AM 9:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

1330 Ben Franklin Dr. (SAME)
Sarasota, FL 3423

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

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2546495

Not Applicable

Zip

Country

Zip

Country

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
SECY- TREAS/D	ROBERT G. MONSOUR	BOX 348 FREEMAN ROAD LIGONIER, PA 15658	"
UP /D	ROY C. MONSOUR	70 LINCOLN WAY EAST JEANNETTE, PA 15644	"
P /D	HOWARD P. MONSOUR, SR.	RD#6 BOX 206 G GREENSBURG, PA 15601	"

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-09/12/97--01129--003
******915.00 ****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REV ROTEN, ESQ.
46 N. WASHINGTON BLVD. STE. 1
SARASOTA, FL 34236

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

REV ROTEN, ESQ.
46 N. WASHINGTON BLVD. STE. 1
SUITE 1
SARASOTA
FL 34236

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

Date

REGISTERED AGENT MUST SIGN

8/25/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT G. MONSOUR, SECY-T / 8.18.97 412.327.3278

CR20040 (12/96)