

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 MAY -5 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J38212

1. Corporation Name

Seafarers Enterprises, Inc.

2. Principal Office Address

3001 Estero Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers Beach, FL

Zip

33931

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/16/86

5. FEI Number

59-2779653

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frances P. Myers

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

21461 Widgeon Terrace

Suite, Apt. #, Etc.

City

Fort Myers Beach

State

FL

Zip Code

33931

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Frances P. Myers

REGISTERED AGENT MUST SIGN

Date 5/2/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SD	Frances Myers	21461 Widgeon Terrace	Fort Myers Beach, FL 33931
PTD	Thomas Myers	21461 Widgeon Terrace	Fort Myers Beach, FL 33931
			600003271316 - 0 -05/31/00--01015--009 ****900.00 ****900.00

10. 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

Thomas Myers

5/2/00
Date

(941) 463-7200

Daytime Phone #

CR2E081 (9/99)