

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Gathering Information
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 21 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 290971

1. Corporation Name

CUSTOM SEA-GEAR, INC.

2. Principal Office Address

2405 SUCCESS DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA, FLORIDA

City & State

SAME

Zip

33556

Country

U.S.A.

Zip

SAME

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/1/87

5. FEI Number

59-2851060

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

DARRAH HAWVER

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

7650 GOLF WAY

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

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

Darrah Hawver

REGISTERED AGENT MUST SIGN

Date

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 |
|------------|--------------------------------------|---|--------------------|
| PRES. | ALBERT HAWVER | 7650 GOLF WAY | HUDSON, FL 34667 |
| V/P | DARRAH HAWVER | " " | " " |
| SEC/TREAS. | " " | " " | " " |
| | | | |
| | | | |
| | | | |

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:

Darrah Hawver (DARRAH HAWVER) 1/18 (727) 376-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE