

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 15 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J90971

1. Corporation Name

CUSTOM SEA GEAR, INC.

Principal Place of Business

Mailing Address

2405 SUCCESS DR.  
ODESSA FL 33556

2405 SUCCESS DR.  
ODESSA FL 33556



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

09/04/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2851060

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HAWVER, ALBERT	7650 GULF WAY	HUDSON FL 34667
VP	HAWVER, DARRAH	7650 GULF WAY	HUDSON FL 34667
ST	HAWVER, DARRAH	7650 GULF WAY	HUDSON FL 34667

400004657794-- 2  
-10/23/01--01083--011  
\*\*\*\*150.00\*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAWVER, DARRAH  
7650 GULF WAY  
HUDSON FL 34667

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

Date

REGISTERED AGENT MUST SIGN

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)(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:

Albert Hawver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/01)

10/12/01

202

Dear Mrs. Harris

I must have missed notification to renew  
corrupt payment, please recontact Custom SEA Office  
as I want to hold it open

Thank

Al/Hammar