<u></u>	PLEASE_READ	ALL INST	RUCTIONS	BEFORE (	OMPLET	ING THIS FORM.		
APPLICATION FLOR			DA DEPARTMENT OF STATE Sandra B. Mortham				·	
		Secretary of State		j	FILED			
DOCUMENT # M96414				RATIONS	- 	8 DEC -7 PM 1:50		
1. Corporation Name					1 -			
MISS SEBASTIAN FISHING FLEET, INC.					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Mailing Address								
% Filings 7575 131 S		% FILINGS INC. 7575 131 STREET						
SEBASTIAN	N FL 32958	SEBASTIAN FL 32958			REINSTATEMENTOR			
	addresses are incorrect in any way, line thro incipal Office Address, If Applicable	ormation and enter correction below. J Office Address, If Applicable		4. Date Incorp	orated or Qualified			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			To Do Busir 5. FEl Number	ness in Florida 08/29/1988		
City & State	e	City & State					oplicable	
Zip	Country	Zip	Zip Country			6. CERTIFICATE OF STATUS DESIRED Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)   Name of Öfficers Street Address of Each								
Title(s) 1	2 and/or Directors	Off	Officer and/or Director		4 City / State / Zip			
D	BURNS, DAVID	7575 131ST STR	7575 131ST STREET		SEBASTIAN FL	$\sum$		
D	BURNS, MILDRED 7575 131			SEBASTIAN FL				
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					50	0002709555 -12/11/9801004021	-5	
						****750.00 ****750	.00	
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8. Name and Address of Current Registered Agent				Name	9. Name and Address of New Registered Agent			
- BURNS, DAVID L.				Street Address (P.O. Box Number is Not Acceptable)				
~ 7575 - 131ST STREET .: SEBASTIAN FL 32958				Suite, Apt. #, Efc.				
				City State Zip Code				
10. 1, 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 Alaurul Burne BE REQUIRED Date 12/1/98								
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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR								