


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO1000001811

1. Corporation Name

Gulf and East Bay Sea Turtle Patrol, Inc.

2. Principal Office Address

6806 W. Hwy 98

Suite, Apt. #, etc.

City & State

Port St Joe, Florida

Zip

32456

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3703152

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

Barbara Eells

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

6806 W. Hwy 98

Suite, Apt. #, Etc.

City

Port St Joe

State

FL

Zip Code

32456

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

Barbara Eells

Date

8/8/06

REGISTERED AGENT MUST SIGN

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
Chri	<u>Barbara Eells</u>	<u>6806 W. Hwy 98</u>	<u>Port St Joe, Fla 32456</u>
VChm	<u>Ronda Boone</u>	<u>325 Ward St</u>	<u>" "</u>
Treas	<u>Mary Antilla</u>	<u>7208 Alabama St</u>	<u>" "</u>
Sec	<u>Zebe Schmitt</u>	<u>8181 W Hwy 98</u>	<u>" "</u>

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 contained in Chapter 119, 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:

Barbara Eells / Barbara Eells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/06
Date

850-647-8238
Daytime Phone #