

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 FEB 26 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N25433**

1. Corporation Name

**NAVY SEA BEE VETERANS ISLAND  
X12, INC.**

**900089722849**  
03/01/07--01003--018 \*\*192.50

**B 2/21/07**

**REINSTATEMENT 15-01**

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

**1282 ESSEX DRIVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**1282 ESSEX DRIVE**

Suite, Apt. #, etc.

City & State

**WELLINGTON**

City & State

**WELLINGTON**

Zip

**33414**

Country

**USA**

Zip

**33414**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/16/1988**

5. FEI Number

**363382061**

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

**LOUIS URSILLO**

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

**7824 MANFIELD HOLLOW RD**

Suite, Apt. #, Etc.

City

**DELRAY BEACH**

State

**FL**

7in Code

**33446**

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

**[Signature]**  
REGISTERED AGENT MUST SIGN

Date **16 Feb 2007**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
PD	JAMES N. NAPIER JR	14539 63RD CT N.	LOXAHATCHEE FL 33470
VD	EDWARD SHANKLIN	2286 LAKE OSBORNE DR <sup>APT 2</sup>	LAKE NORTH FL 33461
VD	ADOLPH STUFFER	6304 SILVER MOON LN	LAKE NORTH FL 33463
ID	Cynthia WURSTER	1282 ESSEX DR.	Wellington FL 33414
TD	WILLIAM EDWARDS	5600 N. Flagler Dr. <sup>APT</sup>	W. Palm Bch FL 334

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: **Cynthia Wurster** **Cynthia WURSTER** **16 FEB 07** **561 310-1936**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #