

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

REINSTATEMENT

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

Zip

33414

Country

USA

City & State

WELLINGTON

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 Acceptable)

7824 MANFIELD HOLLOW RD

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33446



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.

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**

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 APT 2	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 APT 1907	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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

16 FEB 07

Daytime Phone #

561 310-1936