

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 30391*

1. Corporation Name

Krewe of Wrecks, Inc

2. Principal Office Address

c/o N Roney

Suite, Apt. #, etc.

1637 BALTAR DR

City & State

Gulf Breeze FL

Zip

32563

Country

SANTAROSA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/98

5. FEI Number

59-3019568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000035763860
05/07/04--01073--017 **70.00

1/29/03 01099 DUY 362.80

7. Name and Address of Current Registered Agent

Name

ANDREA BRUNT

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

117 NORWICH DR

Suite, Apt. #, Etc.

City

Gulf Breeze FL 32561

State
FL

Zip Code

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

Andrea Brunt

Date

5/4/04

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
Pres	Brunt, Andrea	<i>117 NORWICH DR Gulf Breeze FL 32561</i>	<i>Gulf Breeze FL 32561</i>
VPres	Goudy, Jeff	<i>708 MALDONADO</i>	<i>PENSACOLA BEACH FL 32561</i>
Treas	Roney, Nancy	<i>1637 BALTAR DR</i>	<i>Gulf Breeze FL 32563</i>
Sec	Phillips Veen	<i>1143 NESTLING CT</i>	<i>Gulf Breeze FL 32563</i>
VP	Switzer, Charles	<i>402 NAVY COVE</i>	<i>Gulf Breeze FL 32561</i>
VP	Verhain, Kay	<i>661 PENSACOLA BEACH BLVD</i>	<i>PENSACOLA BEACH FL 32561</i>

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 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:

Andrea Brunt *Andrea Brunt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/04

Daytime Phone #

8509327214

CR2E081 (01/04)