

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33181**

1. Corporation Name

APALACHICOLA MARITIME MUSEUM, INC.

Principal Place of Business

268 WATER STREET
P.O. BOX 625
APALACHICOLA FL 32320-7625
US

Mailing Address

268 WATER STREET
P.O. BOX 625
APALACHICOLA FL 32320-7625
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 DEC -3 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 2003
800025172018
12/03/03--01007--012 **236.25

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1989

5. FEI Number

59-2957145

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GARLICK, DANIEL W	P O BOX 385	APALACHICOLA FL 32329
D	HALL, JEROME R	52TH ST.	APALACHICOLA FL 32320
D	ADKINS, GORDON	P O BOX 280	APALACHICOLA FL 32329
T	ZINGARELLI, KIMBERLY	P O BOX 1092	APALACHICOLA FL 32329
D	ARNOLD, HARRY	P O BOX 9	APALACHICOLA FL 32329

8. Name and Address of Current Registered Agent

GARLICK, DANIEL W
48 AVE D
APALACHICOLA FL 32320

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature of Daniel W. Garlick]

REGISTERED AGENT MUST SIGN

Date

11-28-03

11. 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:

[Signature of Daniel W. Garlick]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-03

Date

Daytime Phone #

CR2E040 (7/03)