

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

DOCUMENT # N97000006755

1. Corporation Name

Sea Breeze Missionary Baptist Church
of Gulf Breeze Florida Incorporated

N97000006755

2. Principal Office Address

3608 Gulf Breeze Pkwy
Gulf Breeze, Florida
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1154
Suite, Apt. #, etc.

City & State

Gulf Breeze Florida

City & State

Gulf Breeze Florida

Zip

32563

Country

Santa Rosa

Zip

32562

Country

Santa Rosa

REINSTATEMENT

98-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-1-97

5. FEI Number

59-3491781

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

Paul A. Mikell

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

8070 Tippin Ave

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32514

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

6-16-04

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
Pastor	James C. Mikell	3342 Circle Dr.	Gulf Breeze, FL 32563
Treasurer	Paul A. Mikell	8070 Tippin Ave.	Pensacola, FL 32514
Trustee	John Mirra	3156 Linden Ave	Gulf Breeze, FL 32563

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-16-04 1-850-485-4409