

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -1 PM 2:08

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000064265

1. Corporation Name

Seaway Services, Inc.

600111583466
11/01/07--01036--006 **1050.00

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

~~11268 Beach Blvd.~~ 11268 Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

11268 Beach Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville, FL

Zip

32246

Country

USA

Zip

32246

Country

USA

REINSTATEMENT 01-07

4. Date Incorporated or Qualified
To Do Business in Florida

7-3-2000

5. FEI Number

59-3656797

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 Beebe

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

11971 Remsen Rd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

☒ 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

Paul Beebe

REGISTERED AGENT MUST SIGN

Date 10-29-07

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.	Paul Beebe	11971 Remsen Rd.	Jacksonville, FL 32223
Secy	Kay Beebe	11971 Remsen Rd.	Jacksonville, FL 32223
Treas.			

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:

Paul Beebe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-07 904 996-7723

Date

Daytime Phone #