

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Pg 1 of 2

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -5 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000092446

1. Corporation Name

APALACHICOLA BAY TRADING COMPANY

Principal Place of Business

~~71 MARKET ST. STE 3~~
APALACHICOLA FL 32320

Mailing Address

~~71 MARKET ST. STE 3~~
APALACHICOLA FL 32320



600009347236
12/04/02--01042--003 **150.00

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

2. New Principal Office Address, If Applicable

~~32 AVE D~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~P O BOX 729~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/2000

5. FEI Number

~~04-3614384~~
APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

APALACHICOLA FL

City & State

APALACHICOLA FL

Zip Country
32320 US

Zip Country
32329 US

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BLAIR, A CURTIS	71 MARKET ST, STE 3 32 AVE D.	APALACHICOLA FL 32320
P	BLAIR, B BETH	32 AVE. D	APALACHICOLA FL 32320

8. Name and Address of Current Registered Agent

~~BLAIR, A CURTIS~~
~~71 MARKET ST, STE 3~~
APALACHICOLA FL 32320

9. Name and Address of New Registered Agent

Name
SELENA PHIPPS
Street Address (P.O. Box Number is Not Acceptable)
32 AVE D
Suite, Apt. #, Etc.

City
APALACHICOLA

State
FL

Zip Code
32320

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

SELENA PHIPPS
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/23/02

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:

SELENA PHIPPS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

850-653-3700

Daytime Phone #

CR2E040 (8/02)

pg 2 of 2

Curt Blair
P O Box 729
Apalachicola, Fl 32329
(850) 653-3700 fax: 653-3714

October 23, 2002

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee Fl 32314

To whom it may concern,

Enclosed please find the form to reinstate the Corporation status of "Apalachicola Bay Trading Co."

We have not received the two prior uniform business report notices, therefore would like to request that the reinstatement fee be waived.

Please mail any correspondence to the following address: P O Box 729
Apalachicola, Fl 32329

Thanks,



Curt Blair
Director