

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 NOV 27 PM 5:41

DOCUMENT # P00000115909

1. Corporation Name

FLORIDA NAUTICAL CONCEPTS, INC.

Principal Place of Business

Mailing Address

4103 NEPTUNE RD.
ST. CLOUD FL 34769

4103 NEPTUNE RD.
ST. CLOUD FL 34769



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/2000

Suite, Apt. #, etc.
4820 E. IRLB BRONSON HWY
City & State
ST Cloud FL

Suite, Apt. #, etc.
4820 E. IRLB BRONSON HWY
City & State
ST Cloud FL

5. FEI Number

59-3701842

Applied For

Not Applicable

Zip
34771 Country
OSCEOLA

Zip
34771 Country
OSCEOLA

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
PTD	SCOWDEN, JEFF	4103 NEPTUNE RD.	ST. CLOUD FL 34769
DVS	SCOWDEN, TOM	4103 NEPTUNE RD.	ST. CLOUD FL 34769
PD	Scowden, Tom	4820 E. IRLB BRONSON HWY	ST Cloud FL 34771
TSVD	Scowden, Jeff	4103 Neptune Rd	ST Cloud FL 34769

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCOWDEN, JEFF-
4103 NEPTUNE RD.
ST. CLOUD FL 34769

Name

Scowden, Tom

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

4820 E. IRLB BRONSON HWY

Suite, Apt. #, Etc.

City

ST Cloud

State

FL

Zip Code

34771

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.

Signature of
Registered Agent

Tom Scowden

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

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-12/10/01--01/14--006

Date *** 12/15/01 *** 750.00

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:

Tom Scowden SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/01

Daytime Phone #

407-957-4010