

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN -6 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PO10000 75969

1. Corporation Name

Sea Wish Inc.

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

771 Giralda Ct

Suite, Apt. #, etc.

3. Mailing Office Address

771 Giralda Ct.

Suite, Apt. #, etc.

City & State

MARCO Island FL

City & State

MARCO Island FL

Zip

34145

Country

U.S.A.

Zip

34145

Country

U.S.A.

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

7/30/01

5. FEI Number

65-1129656

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald S Webster

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

985 N Collier Blvd

Suite, Apt. #, Etc.

City

MARCO Island

State

FL

Zip Code

34145

☒ 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

Date

REGISTERED AGENT MUST SIGN

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
<u>President</u>	<u>Debra Blaiweiss</u>	<u>771 Giralda Ct</u>	<u>MARCO Island FL 34145</u>
<u>Secretary</u>	<u>Jamie Blaiweiss</u>	<u>771 Giralda Ct</u>	<u>MARCO Island FL 34145</u>

**REINSTATEMENT**

300164683023  
01/06/10--01010--012 \*\*\$00.00

**RH**

10. E-mail Address: lblaiweiss@comcast.net

(To be used for future annual report notification)

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. I further certify 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:

Debra Blaiweiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

239-601-3474

Daytime Phone #