

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 24 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092753

1. Corporation Name

SOUTH SEAS SHUTTER, INC.

Principal Place of Business

718 SW 11TH ST  
CAPE CORAL FL 33991

Mailing Address

718 SW 11TH ST  
CAPE CORAL FL 33991

REINSTATEMENT 2003

000024074350  
10/24/03--01016--025 \*\*758.75

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

2. New Principal Office Address, If Applicable

2711 Park Windsor Dr.  
Suite, Apt. #, etc.  
SUITE #308

City & State  
FT. MYERS, FL

Zip Country  
33901 LEE

3. New Mailing Office Address, If Applicable

2711 Park Windsor Dr.  
Suite, Apt. #, etc.  
SUITE #308

City & State  
FT. MYERS FL

Zip Country  
33901 LEE

4. Date Incorporated or Qualified  
To Do Business in Florida

08/26/2002

5. FEI Number

32-0028432

Applied For

Not Applicable

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
P	Michael D Linton	7393 Sandlewood Cir	FT MYERS FL 33908
V	John E DeVoy	718 SW 11 <sup>th</sup> St	CAPE CORAL FL 33991

8. Name and Address of Current Registered Agent

LINTON, MICHAEL D  
15721 SONOMA DR  
FT MYERS FL 33908

9. Name and Address of New Registered Agent

Name

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

7393 SANDLEWOOD CIRCLE  
Suite, Apt. #, Etc.

City

FT. MYERS

State

FL

Zip Code

33908

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

REGISTERED AGENT MUST SIGN

Date

10-8-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-08-03

Daytime Phone #

239-939-7890

CR2E040 (7/03)