

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000107365**

1. Corporation Name

SEALIFE SYSTEMS, INC.

Principal Place of Business

Mailing Address

6005 POWERS AVENUE
NO. 201
JACKSONVILLE FL 32217

6005 POWERS AVENUE
NO. 201
JACKSONVILLE FL 32217

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2002

5. FEI Number

83-0340105

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	Robert E. Exon	6005 Powers Ave. #201 Jacksonville	Jacksonville, FL 32217
S	Pamela K. Exon	6005 Powers Ave #201	Jacksonville, FL 32217

600023780226
10/13/03--01091--005 **750.00

8. Name and Address of Current Registered Agent

KIRSCHER, SALLY J ESQ.
ONE INDEPENDENT DRIVE
SUITE 3303
JACKSONVILLE FL 32202-5027

9. Name and Address of New Registered Agent

Name

Pamela K. Exon

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

6005 Powers Ave. #201

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32217

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

Pamela K. Exon
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:

Pamela K. Exon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03 (904) 730-9270
Date Daytime Phone #