

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 30 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000013488**

1. Corporation Name

Queen of the 7 Seas, Inc.

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

751 39th Ave NE

Suite, Apt. #, etc.

NA

City & State

Naples, FL

Zip

34120

Country

USA

3. Mailing Office Address

13260 Immokalee Road

Suite, Apt. #, etc.

Suite 6 #99

City & State

Naples, FL

Zip

34120

Country

USA

REINSTATEMENT 10

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/2003

5. FEI Number

06-1678065

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

María E. Rodriguez

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

391 35th Ave NE

Suite, Apt. #, etc.

NA

City

Naples

State

FL

Zip Code

34120

900189127189

12/30/10--01005--024 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

X

REGISTERED AGENT MUST SIGN

Date

X Dec 28, 10

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 |
|--------|--------------------------------------|---|---------------------|
| Pres | María E. Rodriguez | 391, 35th Ave NE Naples, FL 34120 | Naples / FL / 34120 |
| | | | |
| | | | |
| | | | J R 12/30 |
| | | | |
| | | | |

10. E-mail Address: **Coffyeric@yahoo.com**

(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:

X

María E. Rodriguez

X

Dec 28, 10

(239) 961-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #