

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -1 PM 1:41

RECEIVED BY STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P 05000040589

1. Corporation Name

Breeze Mart International
of Gulf Breeze Inc. W27-521

600111189286
10/23/07 - 01019 - 022 **750.00

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

199 Gulf Breeze Pkwy

3. Mailing Office Address

1797 Commander Harvey Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Navarre FL

Zip

32561

Country

Santa Rosa

Zip

32566

Country

Santa Rosa

4. Date Incorporated or Qualified
To Do Business in Florida

05/05

5. FEI Number

☒ 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

Bre Carlos E. Vazquez

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

1797 Commander Harvey Ln.

Suite, Apt. #, Etc.

City

Navarre

State
FL

Zip Code

32566

☐ 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

REGISTERED AGENT MUST SIGN

Date

10/17/07

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
Presid	Carlos E. Vazquez	1797 Commander Harvey	Navarre FL 32566
	M. H. G.		

600111189286
11/01/07 01042 006 **150.00

10. 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 contained in Chapter 119, 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

10/17/07

Daytime Phone #

850 4993923