

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 26 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09252007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000046630

1. Entity Name
SEABREEZE WEB SYSTEMS, INC.



Principal Place of Business
1361 13TH AVE S
JACKSONVILLE BEACH, FL 32250

Mailing Address
1361 13TH AVE S
JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business - No P.O. Box #

1361 13th Ave S.

Suite, Apt. #, etc.

Suite 135

City & State
Jacksonville Beach, FL

Zip
32250

Country
U.S.A.

3. Mailing Address

1361 13th Ave S.

Suite, Apt. #, etc.

Suite 135

City & State
Jacksonville Beach, FL

Zip
32250

Country
U.S.A.

4. FEI Number
35-2251326

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REA, CHRISTOPHER B
37 MONTEREY
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name

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

37 Monterey

City
Ponte Vedra

FL

Zip Code
32082

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME REA, CHRISTOPHER B
STREET ADDRESS 37 MONTEREY STREET
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Rea, President, 9/26/07

Date

Daytime Phone #

9/28
aw