

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **P93000053889**

1. Corporation Name

THE NORTH SEA GROUP, INC.

Principal Place of Business

**5315 N LAKE BURKETT LN
WINTER PARK FL 32792
US**

Mailing Address

**5315 5315 N LAKE BURKETT LANE
WINTER PARK FL 32792
US**

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

07/29/1993

5. FEI Number

59-3237485

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
MDCE	CORLIN, BOBBY T	5315 LAKE BURKETT LANE	WINTER PARK FL
MD	JOHANSEN, NEILS G	878 NW 45 ST	POMPANO BCH FL
MD	JONES, TOMMY L	4024 WATERVIEW LOOP	WINTER PARK FL

Due to a clerical error, mailing address was updated correctly. Late fee & reinstatement fee waived

8. Name and Address of Current Registered Agent

**CORLIN, BOBBY T
5345 N LAKE BURKETT LANE
WINTER PARK FL 32792**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300001964513

-10/03/96--01103--001

******200.00 ****200.00**

State

Zip Code

FL

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.

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

Bob Corlin
BOBBY T. CORLIN

Date

Daytime Phone #

9/26/96 1-678-7439