

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 JUN 25 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

SEA HONE ADVENTURES, INC.

000006105840--0  
-06/28/02--01053--022  
\*\*\*1058.75 \*\*\*1058.75

2. Principal Office Address

5001 5th AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL 33040

City & State

Zip

33040

Country

MONROE

Zip

Country

**REINSTATEMENT** 01-02

4. Date Incorporated or Qualified  
To Do Business in Florida

8-9-1993

5. FEI Number

592727835

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

SCOTT HAIDY

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

1731 BARNSTABLE

Suite, Apt. #, Etc.

City

WELLINGTON

State

FL

Zip Code

33414

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

June 21, 2002

**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
President	P. DAVID Hickey	32260 King	New Boston, MI 48164
Director	DAVID WAYNE	5001 5th AVE	Key West, FL 33040
Director	Edward GUERRY	928 Truman	Key West - FL 33040

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 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:

*P. David Hickey* - (P. DAVID Hickey)

6-21-2002

Date

1-734-753-5309

Daytime Phone #

CR2E081 (9/01)