

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 96
REINSTATEMENT



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

APPROVED
AND
FILED

96 OCT 30 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000068216**

1. Corporation Name

THE SEA HORSE ACADEMY, INC.

Principal Place of Business

716 E. PINE FOREST DRIVE
LYNN HAVEN FL 32444

Mailing Address

716 E. PINE FOREST DRIVE
LYNN HAVEN FL 32444



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

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3207716

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	MORGAN, MICHELE T	716 E. PINE FOREST DRIVE	LYNN HAVEN FL 32444
D	MORGAN, JAMES W	716 E. PINE FOREST DRIVE	LYNN HAVEN FL 32444

REINSTATEMENT

1996

10-30-96

8. Name and Address of Current Registered Agent

MORGAN, MICHELE T
716 E. PINE FOREST DRIVE
LYNN HAVEN FL 32444

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400001998834--0

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***375-00 ***375-00

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

Michele T. Morgan, President
REGISTERED AGENT MUST SIGN

Date

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:

James W. Morgan, Secretary / Treasurer
Michele T. Morgan, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-96

(904) 785-844

Daytime Phone #