

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 25 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032810

1. Corporation Name DUCK TOURS SEAFARI, INC.

2. Principal Office Address
925 Seminary Street

Suite, Apt. #, etc.

City & State
Key West, Florida

Zip Country
33040 USA

3. Mailing Office Address
925 Seminary Street

Suite, Apt. #, etc.

City & State
Key West, Florida

Zip Country
33040 USA

4. Date Incorporated or Qualified
To Do Business in Florida 4/29/1994

5. FEI Number
650499676

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

200005396492--8
-05/01/02--01009--026
***1500.00 ***1500.00

7. Name and Address of Current Registered Agent

Name
Margaret W. Tobin

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

Suite, Apt. #, Etc.

City
Key West

State Zip Code
FL 33040

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 Margaret W. Tobin
REGISTERED AGENT MUST SIGN

Date 4/23/02

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
CEO	John F. Murphy	925 Seminary Street	Key West, FL 33040
ST	Noemi Murphy	925 Seminary Street	Key West, FL 33040

REINSTATEMENT 97-02

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: John F. Murphy John F. Murphy 4/23/02 305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
294-0441

CR2E081 (8/01)