

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV 26 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 894000069643

1. Corporation Name

Southeast Marine Waterfront Development Inc.

**REINSTATEMENT** 06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
120 North St.

3. Mailing Office Address  
po box330750

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Neptune Beach, Fla.

City & State  
Atlantic Beach, Fla.

Zip  
32266

Country  
Duval

Zip  
32233

Country  
Duval

4. Date Incorporated or Qualified  
To Do Business in Florida 9/19/94

5. FEI Number  
59-3324290

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
STEVE K. MOZO

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

Suite, Apt. #, Etc.

City  
NEPTUNE BCH.

State  
FL

Zip Code  
32266

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*SK Mozo*

REGISTERED AGENT MUST SIGN

Date 11/20/07

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
Pres.	Steve K. Mozo	120 North St.	Neptune Beach, Fla.

800112575838  
11/26/07--01046--003 \*\*900.00

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 contained in Chapter 119, 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:

*SK Mozo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/07

Date

904 9933091

Daytime Phone #

11/20/07