

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:23

DOCUMENT # P96000014192

1. Corporation Name

SEA VENTURES OF SOUTH FLORIDA, INC.

SECRETARY OF STATE  
300008837583  
11/06/02--01137--011 \*\*150.00



Principal Place of Business

13629SW 283 TTERR  
HOMESTEAD FL 33-0303  
US

Mailing Address

13629SW 283 TTERR  
HOMESTEAD FL 33-0303  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/15/1996

5. FEI Number

65-0644713

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	4 City / State / Zip
CEOP	MEADE, KERRY A	13629 SW 283 TERR	HOMESTEAD FL 33033
VP	MEADE, FRANK	13629 SW 283 TERR	HOMESTEAD FL 33033
T	MEADE, KERRY A	13629 SW 283 TERR	HOMESTEAD FL 33033
S	MORGAN, GEE GEE	109 PARK LANE EAST	HYPOLUXO FL

8. Name and Address of Current Registered Agent

MEADE, KERRY A  
184 BAHAMA AVE  
KEY LARGO FL 33037

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Frank Meade*  
REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/2/02

11. 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 Meade*  
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/02

Daytime Phone #

CR2040 (8/02)

Whe I have been sick for 2 years  
and spend most of my time  
at the hospital. For liver cancer.  
Some one at you office. Told  
me to write a ~~letter~~ letter and  
explain myself and send \$150.00  
I hope this is good enough.

Call me if not  
good enough

305-394-1951

Frank Meake