

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P96000084693

1. Corporation Name

SEABREEZE CHARTERS OF KEY WEST, INC.

FILED

97 DEC 19 AM 9:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

420 FLEMING STREET  
KEY WEST FL 33040

P.O. BOX 6362  
KEY WEST FL 33040

2319 N. ROOSEVELT BLVD.  
KEY WEST, FL 33040

2319 N. ROOSEVELT BLVD  
KEY WEST, FL 33040

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

2. New Principal Office Address, If Applicable

2319 N. ROOSEVELT BLVD  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2319 N. ROOSEVELT BLVD  
Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip  
33040

Country

USA

City & State

KEY WEST, FL

Zip  
33040

Country

USA

REINSTATEMENT

To Do Business In Florida

10/14/1996

5. FEI Number

65-0704716

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)

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
D/P	PACEY, G.J.	7119 MILLBRIDGE 108N 1901 S. ROOSEVELT BLVD	SHAWNEE KS 66218 KEY WEST, FL 33040
D/S	PACEY, CONSTANCE L	7119 MILLBRIDGE 108N 1901 S. ROOSEVELT BLVD	SHAWNEE KS 66218 KEY WEST, FL 33040
D/VP	PACEY, VANCE G	7119 MILLBRIDGE 108N 1901 S. ROOSEVELT BLVD	SHAWNEE KS 66218 KEY WEST, FL 33040

8. Name and Address of Current Registered Agent

GARDENAS, SUSAN M P.A.  
420 FLEMING STREET  
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

G. J. PACEY

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

2319 N. ROOSEVELT BLVD

Suite, Apt. #, Etc.

City

KEY WEST

000002380550--0

-12/23/97--01061--013

\*\*\*\*550.00 FL 33040

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 12/16/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
G. J. PACEY

12/16/97 305-292-7745

CP25040 (8/97)