

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 AM 10:15

DOCUMENT # **P96000084693**

1. Corporation Name

SEABREEZE CHARTERS OF KEY WEST, INC.

Principal Place of Business

617 FRONT STREET
KEY WEST FL 33040

Mailing Address

617 FRONT STREET
KEY WEST FL 33040



REINSTATEMENT 07

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

10/14/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0704716

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	PACEY, G.J.	1901 S. ROOSEVELT BLVD. 108N	KEY WEST FL 33040
DS	PACEY, CONSTANCE L	1901 S. ROOSEVELT BLVD. 108N	KEY WEST FL 33040
DVP	PACEY, VANCE G	909 THOMAS STREET #1	KEY WEST FL 33040
			100004649901--7 -10/23/01--01045--018 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

PACEY, G.J.
617 FRONT STREET
KEY WEST FL 33040

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/9/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/01)