

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PH 2:55

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA04 JUN -9 PM 2:55
TALLAHASSEE, FLORIDA

FILED

DOCUMENT #

P96000100682

1. Corporation Name

Southern Seas (Agencies) Inc.

2. Principal Office Address

2669 Ferol Lane

3. Mailing Office Address

2669 Ferol Lane

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Lynn Haven, Florida

City & State

Lynn Haven, Florida

Zip

34444

Country

USA

Zip

34444

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

19 February 1997

5. FEI Number

593421279

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

Timothy J Sloan

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

427 Mckenzie Avenue

Suite, Apt. #, Etc.

N/A

City

Panama City

State

FL

Zip Code

32401

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

REGISTERED AGENT MUST SIGN

Date

26th
May 2004**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
Mr	Donald L Brown	2669 Ferol Lane	Lynn Haven, Florida 34444.
			400038015824
			06/16/04--01049--010 **1053.7

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 2004

Date

850 2489000

Daytime Phone #

CR2E081 (01/04)