

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 SEP -2 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000034569**

1. Corporation Name

Emerald Ocean Development, Inc.

Principal Place of Business

Mailing Address

*1246 Sultan Circle
Chuluota, Fla. 32766*

100002982751--5

-09/09/99--01069--007

****900.00 ****900.00

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

32766 USA

32766

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres.	<i>Jo Bursey</i>	<i>1246 Sultan Circle</i>	<i>Chuluota, Fl. 32766</i>
V.P.	<i>Ethan Day</i>	<i>1246 Sultan Circle</i>	<i>Chuluota, Fl. 32766</i>

REINSTATEMENT **98-99**

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

*Guy Jeff Maguire Boosie
SunTrust Center Suite 3000
200 S. Orange Ave.
Orlando, FL. 32801*

Name *Jo Bursey*
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. *1246 Sultan Circle*
City *Chuluota* State *FL* Zip Code *32766*

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 *8/3/99*

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/99 *407-291-8698*
Date Daytime Phone #

CR2001 (12/98)