

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 MAR -4 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000094406

1. Corporation Name

SEA-BARGE LINE, INC.

Principal Place of Business

14637 BEACH BLVD.
JACKSONVILLE FL 32250

Mailing Address

14637 BEACH BLVD.
JACKSONVILLE FL 32250

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

2. New Principal Office Address, If Applicable
9485 REGENCY SQ BLVD
Suite, Apt. #, etc. 400
City & State
Zip 32225 Country

3. New Mailing Office Address, If Applicable
9485 REGENCY SQ BLVD
Suite, Apt. #, etc. 400
City & State
Zip 32225 Country

4. Date Incorporated or Qualified To Do Business in Florida

11/04/1997

5. FEI Number

59-3475851

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
DP	SHEA, MICHAEL D	14637 BEACH BLVD. 9485 REGENCY SQ BLVD	JACKSONVILLE FL 32250 32225
S	BROWN, TOM W	14637 BEACH BLVD.	JACKSONVILLE FL 32250
T	LEETCH, ROBERT	14637 BEACH BLVD. 9485 REGENCY SQ BLVD	JACKSONVILLE FL 32250 32225

REINSTATEMENT

98-199 TB. 3/9/99

8. Name and Address of Current Registered Agent

LEE, STEVEN P
1699 CORAL WAY, STE. 502
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name
WESLEY ROBINSON, ESQ
Street Address (P.O. Box Number is Not Acceptable)
501 BRICKELL KEY DRIVE
Suite, Apt. #, etc. 504
City Miami
FL 33131
800002806678-7
03/15/99 01144-020
****908 FL 33131

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 3/2/99

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J LEETCH

Date

Day/Month/Year

904-855-1260