PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 98-99 REINSTATEMENT

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

FILED
99 MAR -4 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000095257**

1. Corporation Name

SEA BARGE LINE AGENCY, INC.

Principal Place of Business	Mailing Address
~~14637 BEACH BOULEVARD~~ JACKSONVILLE FL	~~14637 BEACH BOULEVARD~~ JACKSONVILLE FL

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)
9485 REGENCY SQ BLVD	9485 REGENCY SQ BLVD
Suite, Apt. #, etc. 400	Suite, Apt. #, etc. 400
City & State	City & State
Zip 32225 Country	Zip 32225 Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/06/1997

5. FEI Number: 65-0799243 — 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)

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
D	SHEA, MICHAEL D	~~14637 BEACH BOULEVARD~~	JACKSONVILLE FL
	Michael D. Shea	9485 REGENCY SQ BLVD Suite 400	32225

400002806654--2
-03/15/99--01144--019
*****708.75 *****708.75

REINSTATEMENT 98-99 TS 3/9/99

8. Name and Address of Current Registered Agent

ROBINSON, WESLEY M ESQ.
501 BRICKELL KEY DRIVE
SUITE 504
MIAMI FL 33131

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

CR2E040 (9/98)

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] Date: 3/2/99
REGISTERED AGENT MUST SIGN

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: Michael D. Shea — 12/14/98 — 904-855-1260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #