## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000095257

Entity Name: SEA STAR LINE AGENCY, INC.

FILED Oct 15, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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100 BELL TEL WAY STE 300 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

100 BELL TEL WAY STE 300 JACKSONVILLE, FL 32216

FEI Number: 65-0799243 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBINSON, WESLEY M ESQ.

501 BRICKELL KEY DRIVE

SUITE 504

MIAMI, FL 33131 US

ARMSTRONG, TIMOTHY J ESQ.

2600 DOUGLAS ROAD

SUITE 1111

CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIMOTHY J. ARMSTRONG 10/15/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition
Name: MAGEE, BOB Name: PEAKE, FRANK
Address: 100 BELL TEL WAY Address: 100 BELL TEL WAY

Address: 100 BELL TEL WAY Address: 100 BELL TEL WAY
City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: LEETCH, ROBERT Name: PERLMUTTER, NEIL

 Address:
 100 BELL TEL WAY
 Address:
 100 BELL TEL WAY

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:
 JACKSONVILLE, FL 32216

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BATES, PHILIP V
 Name:

 Address:
 100 BELL TEL WAY
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32216
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL PERMUTTER D 10/15/2004