

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 PM 12:52

DOCUMENT #

098000051444

1. Corporation Name

BREEZE OF MATANZAS, INC

2. Principal Office Address

10 BEACH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

Zip

Country

Zip

Country

32080

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-8-98

5. FEI Number

59-3541536

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Linda KEITH

500003459585

-11/09/00--01110--006

****750.00 ****750.00

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

10 BEACH ST

Suite, Apt. #, Etc.

City

ST AUGUSTINE

State

FL

Zip Code

32080

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

Linda Keith

Date 10-24-00

REGISTERED AGENT MUST SIGN

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
ALL	JANOT FARLEY	10 BEACH ST 32080 ST AUGUSTINE, FL	St. Augustine, FL 32080

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:

Janot Farley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-00

Date

904-461-3906

Daytime Phone #