

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION  
FOR

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DEPARTMENT OF CORPORATIONS



FILED

00 OCT 20 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000061163

1. Corporation Name

BLUE BAY OUTFITTERS, INC.

Principal Place of Business

47 HWY 98 E  
DESTIN FL 32541

Mailing Address

47 HWY 98 E  
DESTIN FL 32541

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/09/1998

5. FEI Number

59-3522757

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STEELE, ALAN R	244 PARKWOOD CIR	NICEVILLE FL 32578
D	STEELE, LOUISE P	244 PARKWOOD CIR	NICEVILLE FL 32578
		4667 Windstarr Dr 1	Destin, FL 32541
			300003457973--7 -11/09/00--01011--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CREW & CREW, P.A.  
25 NE BEAL PKWY, STE 210  
FORT WALTON BEACH FL 32548

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

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

*Alan R. Steele*  
REGISTERED AGENT MUST SIGN

Date 10/16/00

11. 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.

KE

SIGNATURE:

*Alan R. Steele*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00 850-650-6968  
Date Daytime Phone #

CR2ED40 (8/00)

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Department of state.

I sent in the application with check number 1679 for the amount of \$150.00 on March 3 2000. I'm not sure what happened to it after that. Check number 1679 has not cleared so I have reissued this check for the same amount.

Please call if you have any questions

Thanks,  
*Al Steele*  
Al Steele President