

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR 24 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000021168

1. Corporation Name

South Florida Expeditions, Inc.

2. Principal Office Address

17545 SE Conch Bar Road

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

Country

3. Mailing Office Address

17545 SE Conch Bar Road

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

Country

REINSTATEMENT

04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/8/99

5. FEI Number

65-0079582

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan I. Armour, II

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

1645 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.

Suite 1200

City

West Palm Beach

State
FL

Zip Code

33401

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

Date 3/22/05

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
D/P S/T	Alfred T Eldredge, III	17545 SE Conch Bar Road	Tequesta, FL 33469

200049826562
04/04/05--01081--013 **900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

Daytime Phone #

CR2E081 (01/04)