

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

00 OCT 30 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000063839

1. Corporation Name

Ocean Breeze Transportation, Inc.

2. Principal Office Address

1416 Beach Club Lane

Suite, Apt. #, etc.

City & State

Apollo Beach, Florida

Zip

33572

Country

3. Mailing Office Address

1416 Beach Club Lane

Suite, Apt. #, etc.

City & State

Apollo Beach, Fl.

Zip

33572

Country

REINSTATEMENT 2000

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

7/12/99

5. FEI Number

65-0929489

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

Frederick E. Simcic

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

6604 Harney Road

Suite, Apt. #, Etc.

Suite D

City

Tampa

State

FL

Zip Code

33610

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

Frederick E. Simcic

Date 10/26/00

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
P	Jodi Lamb	1416 Beach Club Lane	Apollo Beach, FL 33572
V	James D. Branch	1416 Beach Club Lane	Apollo Beach, FL 33572
S,T	Mary Felty	1417 Beach Club Lane	Apollo Beach, FL 33572

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:

Jodi A Lamb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00

Date

813-641-3350

Daytime Phone #

CR2E081 (9/99)