

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 JUL -2 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000084335

1. Corporation Name

Gulf Breeze Skating and Fun Center, Inc.

2. Principal Office Address

800 Gulf Breeze Pkwy.

3. Mailing Office Address

800 Gulf Breeze Pkwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32561

Country

Zip

32561

Country

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

9/21/1999

5. FEI Number

59-3599195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

Daniel R. Lozier

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

24 West Chase Street

Suite, Apt. #, Etc.

City

Pensacola

State
FL

Zip Code
32501

000006275130--0

07/03/02--01137--027

***900.00 ***900.00

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

Daniel R. Lozier
REGISTERED AGENT MUST SIGN

Date

7/2/02

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/D	David Y. Weber, III	989 Dolphin Road	Milton, FL 32583
S/D/C	Huga T. McCary, Jr.	989 Dolphin Road	Milton, FL 32583

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

Date

7-2-02

Daytime Phone #

850-516-9517

CR2E081 (9/01)