

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000084335**

1. Corporation Name

GULF BREEZE SKATING AND FUN CENTER INC

2. Principal Office Address

800 GULF BREEZE PKWY

Suite, Apt. #, etc.

City & State

GULF BREEZE FL

Zip

32561-4723

Country

USA

3. Mailing Office Address

800 GULF BREEZE PKWY

Suite, Apt. #, etc.

City & State

GULF BREEZE FL

Zip

32561-4723

Country

USA

FILED

04 MAR 25 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700030028087
03/08/04--01050--031 **750.00

4. Date Incorporated or Qualified

To Do Business in Florida

09/21/1999

5. FEI Number

59-3599195

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANIEL R LOZIER

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

24 W CHASE ST

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32502-5614

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

1/21/04

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 V. WEBER III	989 DOLPHIN RD	MILTON FL 32583-9183
S/D/C	HUGH T. McCARY, JR.	989 DOLPHIN RD	MILTON FL 32583-9183

REINSTATEMENT 03-04

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:

Hugh T. McCary Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGH T. MCCARY, JR.

Date

1/27/04

Daytime Phone #

(850) 623-2132

CR2E081 (10/02)