

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 APR 22 PM 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16619 (6)

1. Corporation Name

SOUTH SEAS SAFARIS, INC.

2. Principal Office Address

34 Sycamore Cir.

Suite, Apt. #, etc.

(N.A.)

City & State

Ormond Beach, FL.

Zip

32174

Country

USA.

3. Mailing Office Address

34 Sycamore Cir.

Suite, Apt. #, etc.

(N.A.)

City & State

Ormond Beach, FL.

Zip

32174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1990

5. FEI Number

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

Ann Woolf

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

34 Sycamore Cir.

Suite, Apt. #, Etc.

City

Ormond Beach, FL.

State
FL

Zip Code

32174

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

Ann Woolf

REGISTERED AGENT MUST SIGN

Date 3/28/02

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
D	WOOLF, THOMAS	34 Sycamore Circle	Ormond Beach, FL 32174
D	WOOLF, ANN	34 Sycamore Circle	Ormond Beach, FL 32174
D	WOOLF, ANDREW	494 Druid Circle	Ormond Beach, FL 32174

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:

Ann Woolf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

386-672-4275

Daytime Phone #

South Seas Safaris, Inc.

3/29/02

Zal

34 Sycamore Cir.

Ormond Beach, Fl. 32174

GOOD DAY,

As we have no record of having received renewal notices for 2001 or 2002 this is a request to waive the late fees. Please find enclosed a check in the amount of \$300 to cover 2001 and 2002 Annual Report Fees ~~and~~ of \$61.25/yr. and Corporate Supplemental Fees of \$88.75/yr.

Regards,

Thomas D. Woolf

Thomas D. Woolf