

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S16631**

1. Corporation Name

**SEA TURTLE BEACH CONCESSIONS, INC.**

Principal Place of Business

309 PELICAN DRIVE  
STUART FL 34996

Mailing Address

309 PELICAN DRIVE  
STUART FL 34996

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

3399 S.E. Golf Trail

City & State

Stuart FL

Zip

34997

Country

Martin

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

3399 S.E. Golf Trail

City & State

Stuart FL

Zip

34997

Country

Martin

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1990

5. FEI Number

65-0234127

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CLAYTON, JOHN F.	309 PELICAN DR.	STUART FL 34996
VTD	PASTEWSKI, ANDREW A.	131 CONKLIN STREET	STUART FL 34996
S	CLAYTON, BARBARA J.	309 PELICAN DRIVE	STUART FL
PD	Clayton, John F.	3399 S.E. GOLF TRAIL	STUART FL 34997
S	Clayton, Barbara J.	3399 S.E. GOLF TRAIL	STUART FL 34997

8. Name and Address of Current Registered Agent

CLAYTON, CHARLOTTE C.  
309 PELICAN DRIVE  
STUART FL 34996

9. Name and Address of New Registered Agent

Name

Clayton John F.

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

3399 S.E. GOLF TRAIL

Suite, Apt. #, Etc.

STUART FL

City

State

FL

Zip Code

34997

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10-8-07

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/08/03

CR2E040 (7/03)

**SEA TURTLE BEACH CONCESSIONS, INC.**

**3399 SE GOLF TRAIL**

**STUART, FL 34997**

October 9, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Document # S16631  
Re-instatement of Sea Turtle Beach Concessions, Inc.

Gentlemen:

As Secretary of the above-named corporation since December 6, 1990, I hereby state under the penalty of perjury that the corporation did not receive either of the two (2) prior uniform business report notices and, accordingly, I request that you waive the penalty fee for re-instatement herein.

Please find enclosed the completed Document #S16631 properly executed and two (2) corporation checks; one check is for re-instatement without penalty in the amount of \$150.00 and the second check in the amount of \$8.75 is for the certificate of status.

If you have any questions or comments, please let me know.

Very truly yours,



Barbara J. Clayton  
Secretary  
Sea Turtle Beach Concessions, Inc.

Enclosures