

\$ 1625-25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAR 29 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S92376**

1. Corporation Name

Windjammer Seachest, Inc.

2. Principal Office Address

1759 Bay Rd.

Suite, Apt. #, etc.

City & State

Miami Bch, FLA

Zip
33139

Country

USA

3. Mailing Office Address

1759 Bay Road

Suite, Apt. #, etc.

City & State

Miami Beach, Fla.

Zip

3

Country

USA

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-05/03/02--01021--021

*****2108.75 ***2108.75**

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 6, 1991

5. FEI Number

650470234

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

IRIS Mayaudon c/o Windjammer Seachest

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

1759 Bay Road

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date

10/29/2001

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	Polly Burton Ruele	2770 Sunset Drive	Miami Beach, FL 33139

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: **Polly Burton Ruele** 1 800 542 3366

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