

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 2:56

DOCUMENT # **V10214**

1. Corporation Name

A-1 Seawalls Inc

2. Principal Office Address

5148 Sunnybrook Ct.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FL.

City & State

Zip

Country

Zip

Country

33904

US.

REINSTATEMENT **96-01**

4. Date Incorporated or Qualified
To Do Business in Florida

1-24-92

5. FEI Number

650318432

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

DAVID W Southwick

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

5148 Sunnybrook CT

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

[Signature]

Date **10-16-2001**

REGISTERED AGENT MUST SIGN

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
Pres. Sec.	DAVID W Southwick	5148 Sunnybrook CT	CAPE CORAL FL. 33904

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-16-2001

Daytime Phone #

M 941-910-0217

941 574 0015

CR2E081 (9/00)