

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V29975

1. Corporation Name

SEAWARD MARINE & GENERAL INSURANCE SERVICES, IN
C.

Principal Place of Business

POST OFFICE BOX 398441
MIAMI BCH. FL 33239

Mailing Address

POST OFFICE BOX 398441
MIAMI BCH. FL 33239

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1992

5. FEI Number

65-0344955

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	VERCHINSKI, DIANE	1001 W. 46TH ST. #33	MIAMI BEACH FL 33140
V	JOHNSON, GERALD R	1001 W. 46TH ST. #33	MIAMI BEACH FL 33140

200002713322-0
-12/15/98-01078-022
****750.00 ****750.00

8. Name and Address of Current Registered Agent

VERCHINSKI, DIANE
1001 W 46TH ST.
#33
MIAMI BCH. FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

DIANE VERCHINSKI
REGISTERED AGENT MUST SIGN

12/4/98

Date

11-16-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on Intangible tax.)

12. 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE VERCHINSKI

12/4/98

Date

305 538 1474

Daytime Phone #