

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

H98000012434
APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



98 JUL -6 PM 11:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 490618
 1. Corporation Name
SEA SHANTY, INC.

Principal Place of Business Mailing Address
3841 Griffin Road
Ft. Lauderdale, FL 33312

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 **12/15/1975**

5. FEI Number **59-1637709**
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSTD	KLEIMAN, DAVID	3841 Griffin Road	Ft. Lauderdale, FL

REINSTATEMENT - 97-98
 5L 7-6-98

8. Name and Address of Current Registered Agent
LICKSTEIN, FRED K., ESQ.
Semet, Lickstein, et al.
201 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent
 Name **LICKSTEIN, FRED K., ESQ.**
 Street Address (P.O. Box Number is Not Acceptable) **100 S.E. 2nd Street, 17th Floor**
 Suits, Apt. #, Etc.
 City **Miami** State **FL** Zip Code **33131**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.
 Signature of Registered Agent *[Signature]* REGISTERED AGENT MUST SIGN Date **7/6/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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]*
 NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **David Kleiman, President**
 Date **7/2/98** 305-935-2725
 Daytime Phone #

H98000012434

CR2890 (2/96)

7/06/98

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

1:21 PM

((H98000012434 0))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000
FROM: FOWLER, WHITE, BURNETT, ET AL ACCT#: 071250001512
CONTACT: JUDITH D RODMAN
PHONE: (305)789-9200 FAX #: (305)789-9201

NAME: SEA SHANTY, INC.
AUDIT NUMBER.....H98000012434
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..0 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. \$915.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX
AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

VT100 ONLINE 9600-7-E-1 [Home]=? = 8

00:04:39

RECEIVED
98 JUL -6 PM 1:52
DIVISION OF CORPORATIONS