

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED  
 OCT 14 - 4 PM 1:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 674573  
 1. Corporation Name  
**THE SEATON AGENCY INC**

**REINSTATEMENT**

93-99

Principal Place of Business Mailing Address  
**2243 SE FT. KING ST.  
 Ocala, FL 34471**

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 **7-24-80**

5. FEI Number **59 202 8803**

6. CERTIFICATE OF STATUS DESIRED  Applied For  Not Applicable

**\$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
PRES.	JOEL SEATON	2243 SE FT. KING ST.	OCALA FL 34471

03/03/99-01074-016  
 \*\*\*1650.00 \*\*\*1650.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JOEL SEATON**  
**2243 SE FT. KING ST.**  
**OCALA, FL 34471**

Signature of Registered Agent REGISTERED AGENT MUST SIGN

Name **SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc  
 City  
 State **FL** Zip Code

Date **3-2-99**

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.

11. This corporation owes 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 exception under section 119.07(3)(g), 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: **JOEL SEATON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-2-99 (352) 7326737**  
 Date Time Place

CR2001-12-98