


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 18 AM 12:28

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L77875

1. Corporation Name
SEAVIEW VACATIONS, INC.

2. Principal Office Address
14700 GULF BLVD.

3. Mailing Office Address
14700 GULF BLVD.

Suite, Apt. #, etc.

City & State
MADEIRA BEACH, FL MADEIRA BEACH, FL

Zip Country Zip Country
33708 33708

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
06/01/90

5. FEI Number
59-3013130

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
SUSAN KING

Street Address (P.O. Box Number is Not Acceptable)
14700 GULF BLVD.

Suite, Apt. #, Etc.

City
MADEIRA BEACH

State
FL

Zip Code
33708

80004128578
09/21/04--01034--003 **122.75

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 Susan King Date 9.16.04

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
PRE.	THOMAS CLARK	1063 LONG RUN RD.	MCKEESPORT, PA 15132
VP	TIM MCCANDLESS	3025 GREENE RD.	GREENE, IA 50636
SEC.	LEROY KRAMER	27685 BUTLER CENTER RD	CLARKSVILLE, IA 50619
TRE.	LOU NADENIK	701 D BURR OAK LN.	PROSPECT HTS, IL 60070
Director	THOMAS CLARK JR.	1063 LONG RUN RD.	MCKEESPORT, PA 15132
Director	JOHN KREGEL	20779 KING RD.	GARNAVILLO, IA 52049

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 118.07(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: Tom Wall Date 9.16.04 Daytime Phone # 727-392-3741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/04