PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 JAN -4 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45073**

1. Corporation Name

SEAFOAM OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
812-814 FLEMING ST. KEY WEST FL 33040	812-814 FLEMING ST. KEY WEST FL 33040

REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/09/1991

5. FEI Number: 65-0282333 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	KLINGENER, NANCY	812 FLEMING ST #7	KEY WEST FL
TD	MACMINN, LINDA	812 FLEMING ST #1	KEY WEST FL
PD	NICHOLS, STEPHEN	812 FLEMING ST #6	KEY WEST FL
			000003103360--8 -01/19/00--01079--018 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

HALLORAN, GEORGE
16B HILTON HAVEN DRIVE
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name: Linda MacMinn
Street Address (P.O. Box Number is Not Acceptable): 812 Fleming Street #1
Suite, Apt. #, Etc.:
City: Key West State: FL Zip Code: 33040

CR2E040 (8/99)

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.

Signature of Registered Agent: Linda MacMinn Date: 12/22/99
REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: Linda MacMinn 12/22/99 305 296 5597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #