PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	a THE FROM			ŔIĹĔĎ			
CORPO REINSTA		Secretar	TMENT OF STATE y of State onporations	О4 МА	R 18 PH 3: 17		
200111211 1 002 0000 2 6 3 WJ				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # PO2000 26348 1. Corporation Name SEA CELL, INC				ty though			
JEA CELL, INC							
t					~ . ~ . ~ A & P & 1 T	الا مم	
2. Principal Office	e Address	3. Mailing Office Addre	Mailing Office Address		TATCMENT	03-09	
3620 9	ACHT CLUB DR	PO BOX 800506				_	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
UNIT	501	City & State			orated or Qualified less in Florida 3	8/02	
City & State AVEA	TURA, FL	MIAMI, FL		5. FEI Number	616471	Applied For	
Zip ZZI CA	Country	33 2 80	Country	6.	- \$8.75	Not Applicable Additional Fee required	
33180	USA	33 980	USA	CERTIFICATE		a Certificate of Status	
7. Name and Address of Current Registered Agent Name							
	STEPHEN BLAND				800030713568 03/18/0401026006 **300.0		
Str	Street Address (P.O. Box Number is Not Acceptable) 19701E. COUNTRY CLUB DR						
Su	ite, Apt, #, Etc.		· · · · · · · · · · · · · · · · · · ·				
Cit	SUITE 5-207				State Zip Code	:	
AVENTURA					FL 33180		
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					Date 3/16/04		
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		
P/D -5	HERI M- KOL			AVENTURA,1	-c 35180		
5/1/0 5	STEPHEN M. BLAND		3620 YACHTCLUB DE UNIT 3620 YACHTCLUB DE UNIT		AVENTURA, FZ 35180		
DK	ASES HOHLE	6 3620	YACHTCLUB DR	501 501	AVENTURA, 1	-633180	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Sea Cell, Inc. was placed in Inactive status by mistake. Please list us

as Active status and note our new address.

Please find enclosed a check for \$300.00 for Corp fees for 2003 and 2004.

Thank you for your attention to this matter.

Sheri M. Kohler

President

Sea Cell, Inc.

(305)933-9550