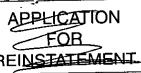
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 24 PH 2: 05

SECRETARY OF STATE

TALLAHASSEE, FLORIDA





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P94000035288 **DOCUMENT #**

1. Corporation Name

19940 MONA ROAD

SUITE 4

SEA BYTE INC.

Principal Place of Business

SIGNATURE:

Mailing Address

10040 WILKINSON LEAS RD

SUITE-4



TEQUESTA US		US			2007	, UBR	
If above a	iddresses are incorrect in any ncipal Office Address, If Appli	way, line through incorrect in	formation and enter correction below. ng Office Address, If Applicable		4. Date Incorporated or Qualified		
2. New Philipai Office Podioss, 117 pp. 1889			D Wilkinson Leas		To Do Business in Florida 05/10/1994		
Suite, Apt. #, etc.			etc.		5. FEI Number	5. FEI Number 65-0493029 Applied Fo	
City & State			esta FL 33469		Not App		Not Applicable 8.75 Additional Fee required
Zip Country 33			1-W. 47/1 12			E OF STATUS DESIRED for a Certificate of Status	
7. Names	and Street Addresses of Each	Officer and/or Directo	rida nonprofit corpor	ations must list at le	ast 3 directors)		
Title(s)	Name o	f Officers Directors	St	reet Address of Eac fficer and/or Directo	h	City /	State / Zip
DVT	SHAUL, DANA P	19970 WILKINSON LEAS RD			TEQUESTA FL 33469		
PS SHAUL, RICHARD A			19970 WILKINSON LEAS RD			TEQUESTA FL 33469	
				<u> </u>	<u> </u>		
				\$125.01E		 	
•					10/247	0000857 0201086002	**158.75
				•	1		
							<u> </u>
8. Name and Address of Current Registered Agent					9. Name and	Address of New Register	ed Agent
-	o. Natio dise			Name			
	JL, DANA P O WILKINSON LEAS RD			Street Address (P.O. Box Number is Not Acceptable)			
TEQUESTA FL 33469				Suite, Apt. #, Etc.			
				City		State Zip Code	
10, I, bei	ng appointed the registered ag	gent of the above named cor	oration, am familiar	with and accept the	obligations of Sec	tion 607.0505, F.S. or 617.	0505, F.S.
Signature			L LEOI	UIRED		/	3/02
Registere	ed Agent		W ("			- / - / - ·	/

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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



23 October 2002

State of Florida
Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: Application for Reinstatement Sea Byte Inc.; Doc. # P94000035288

To Whom It May Concern:

Enclosed please find the application for reinstatement for Sea Byte Inc. and a check in the amount of \$150.00. We did not receive any prior uniform business report (UBR) notices. I have also enclosed the mailing label that is incorrect. This form was mailed to a combination of home and office address. I am glad that a form finally did arrive so that we rectify this situation.

Thank you for your understanding and prompt attention for reinstatement.

Sincerety,

Dana P. Shaul Vice President

DPS Enc.