PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035288**

1. Corporation Name

SEA BYTE INC.

Principal Place of Business	Mailing Address
19940 MONA ROAD SUITE 4 TEQUESTA FL 33469 US	~~19940 WILKINSON LEAS RD~~ ~~SUITE 4~~ TEQUESTA FL 33469 US

2002 4BR

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: Tequesta FL 33469
Zip / Country	33469 / Country: PB

4. Date Incorporated or Qualified To Do Business in Florida: **05/10/1994**

5. FEI Number: **65-0493029** ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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

800008573938
10/24/02--01086--002 **158.75

8. Name and Address of Current Registered Agent

SHAUL, DANA P
19970 WILKINSON LEAS RD
TEQUESTA FL 33469

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/23/02

REGISTERED AGENT MUST SIGN

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 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.

561-746-1915

SIGNATURE: SIGNATURE REQUIRED — Date: 10/23/02 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B

2052

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.

Sincerely,

Dana P. Shaul
Vice President

DPS
Enc.

P.O. Box 3806 • Tequesta, Florida 33469-0806 • [561] 745-9333 • [Fax] 575-7710