


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 03354		FILED 06 JUN -8 PM 1:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name SEASCAPE CONDOMINIUM ASSOCIATION OF MANATEE, INC		REINSTATEMENT 04-06	
2. Principal Office Address 6400 MANATEE AVE W Suite, Apt. #, etc. G City & State BRADENTON FL Zip 34209 Country USA		3. Mailing Office Address PO BOX 1607 Suite, Apt. #, etc. City & State HOLMES BEACH FL Zip 34218 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 5/30/1984		5. FEI Number 59-2656917 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name THOMAS CONDRON			
Street Address (P.O. Box Number is Not Acceptable) 6400 MANATEE AVE W 900076402889			
Suite, Apt. #, Etc. SUITE G 06/21/06--01004--004 **358. 5			
City BRADENTON		State FL	Zip Code 34209
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 Tom Condron		Date 5/11/06	
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	BILL FRONTERA	0-28 SADDLE RIVER ROAD	FAIR LAWN NJ 07410
T	RALPH AIELLO	35 WESCOTT STR	OLD TAPPAN NJ 07675
D	JAY LARUSSO	48 SANDRA LANE	WAYNE NJ 07470
M	THOMAS CONDRON	6400 MANATEE AVE W	BRADENTON FL 34209
		RW/B	
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 contained in Chapter 119, 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: Ralph C. Condron		4/26/06 - 201-595-7575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #