

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 JUL 18 AM 8:57

DOCUMENT # 311542

1. Corporation Name

SEAMAN ASSOCIATES

2. Principal Office Address - No P.O. Box #

101 1/2 6th Avenue N.E.

3. Mailing Office Address

PO BOX 22203

Suite, Apt. #, etc.

101 1/2 6th Avenue N.E.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Tampa, FL

Zip

33701

Country

USA

Zip

33622-2203

Country

USA

REINSTATEMENT

CR2E081 (1/07)

95-07

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1966

5. FEI Number

591510638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard N. Seaman

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

101 1/2 6th Avenue N.E.

Suite, Apt. #, Etc.

101 1/2 6th Avenue N.E.

City

St. Petersburg

State

FL

Zip Code

33701

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

07/17/07

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
D/C	Richard N. Seaman	101 1/2 6th Avenue N.E.	St. Petersburg, FL33701
D/P	R. Victor Seaman	101 1/2 6th Avenue N.E.	St. Petersburg, FL33701
D/VP	Richard N. Seaman, II	101 1/2 6th Avenue N.E.	St. Petersburg, FL33701

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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:

RICHARD N. SEAMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07/17/07 293 9926

Daytime Phone #