PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 98 NOV -4 PM 1:58 1. Corpor. on Name SECRETARY OF STATE TALLAHASSEE, FLORIDA SEAWOOD BUILDERS, INC. Principal Place of Business Mailing Address 565 E. HILLSBORD BLVD 565 E. TU-DERFIELD BKH, 7L 3344/ 565 E. HILLSBORD BLUD DEERFIELD BOH. 7L 33441 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 Date Incorporated or Qualified To Do Business in Florida 7/20/79 Suite, Apt. #, etc. Suite, Apt. #, etc. 5 FEI Number Applied For City & State City & State \$8.75 Additional Fee requir Zíp Country Zíp Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers City / State / Zip Title(s) MAHONEY, DANIEL DEERFIELD BCH, 74 3344/ 565 E HILLSBORD BLUD P MASI, EDWARD 565 E. HILLSBORD BLUD DERFIELD BUH, 72 33441 5/7 565 E. HILLSBORD BLUD masi. BETTY DEERFIELD BCH, FL 3344/ 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) MASI, BETTY M 565 E. HILLSBOKD BLVP DEERFIELD BCH, FL 33441 900002604709 -11/10/98--01076--012 Suite Ant # Etc ****750 <u>600 | 7</u>8*886750.00 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. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🏻 № □ Intangible Personal Property tax due June 30. 12. 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: