

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **694765**

1. Corporation Name

SEA OAKS, INC.

Principal Place of Business

110 2ND ST S
PO BOX 2249
GREAT FALLS MT 59401

Mailing Address

110 2ND ST S
PO BOX 2249
GREAT FALLS MT 59401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1981

5. FEI Number

81-0268110

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	MCCANN, A M	521 3RD AVE NORTH	GREAT FALLS MT 59401
D	MCCANN, A M	521 3RD AVE NORTH	GREAT FALLS MT 59401
B D	ANDERSON, M M ARNESON, MM	2210 FOX DR	BILLINGS MT
D	MCCANN, M E	2002 WOODY DR	BILLINGS MT
			400004778044-6 -01/16/02--01025--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
A.M. MCCANN
Street Address (P.O. Box Number is Not Acceptable)
1582 GULF BLVD
Suite, Apt. #, Etc.
CLEARWATER FL 33767
City

State
FL

Zip Code

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

A.M. McCann

Date **12-24-01**

REGISTERED AGENT MUST SIGN

11. 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:

A.M. McCann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-800-525-2222

CR2E040 (8/01)