PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

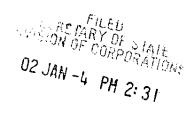
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

694765

1. Corporation Name

SEA OAKS, INC.



							•	
Principal Place of Business Mailing Address								
110 2ND ST S 110 2ND				ST S				
			PO BOX 22					<u> </u>
GREAT FALLS MT 59401 GREAT FAL				LS MT 59401		n 60 5153 i		A) ""
GREAT FALLS MT 59401 If above addresses are incorrect in any way, line through incorrect information and enter correction. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						1388 A E BIAREIA I		
2. New Pri	ncipal Office	Address, If Applicable	3. New Maili	ng Office Address. I	g Office Address, If Applicable 4. Date In		ite Incorporated or Qualified	
						To Do Business in Florida 07/15/1981		
Suite, Apt. #, etc. Suite, Apt.			, etc.					
City & State City & S			City & State			5. TETTOM	81-0268110	Applied For
			5.1,9 22 512.15	,		6.		Not Applicable
Zip	Zip Country		Zip Country		CERTIFICATE OF STATUS DESIRED S8.75 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)	Title(s) Name of Officers and/or Directors				treet Address of Each	City / State / Zip		
1				3 Officer and/or Director			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	
- D	ANDERSON; M M			2210 FOX DR			BILLINGS MT	
Ď	ARNESON, MM			21010001			DIEERTOO WI	
D	MCCANN, M E			2002 WOODY DR			BILLINGS MT	
							-01/16/0201025019 *****750.00 ****750.00	
		'					\$ 1/1/1	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
CODEODATION OF MOS COMPANY					Name A.M. MCCANN			
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Numb			is Not Acceptable)	
1201 HAYS STREET				1582 GULF BLVD		F BLVD		
TALLAHASSEE FL 32301				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.								
		and the second						ĺ
Signature of Registered Agent Date (12.24-6)								
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-24-01/

523-222

Daytime Phone #