

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAR 27 PM 4:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721372

1. Corporation Name

Sea Coast Management No. 2, Inc

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

4151 S. ATLANTIC AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4151 S. ATLANTIC AVE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

City & State

NEW SMYRNA BEACH, FL

Zip

32169

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-19-1971

5. FEI Number

59-4416518

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

Deborah Kreinest

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

4151 S. ATLANTIC AVE

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State

FL

Zip Code

32169

400297209724
03/27/17--01012--002 **230.25

REINSTATEMENT

2017

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

Deborah Kreinest

Date 3-12-17

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
PRES	ROBERT MATTHEWS	4151 S. ATLANTIC AVE	NEW SMYRNA BEACH, FL 32169
V.Pres	Robert HAMMOND	4151 S. ATLANTIC AVE	NEW SMYRNA BEACH, FL 32169
Sec.	Lori ROBINSON	" "	" " "
TREA	MICHAEL MCCORMICK	" "	" " "

10. E-mail Address: debbie Kreinest @ gmail . com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert Matthews

ROBERT MATTHEWS

3-12-17

386-441-0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAR 27 2017