PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 25 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730107

1. Corporation Name

SEA EAGLE CLUB, INC.

Principal Place of Business	Mailing Address
ATTN: LIONEL HEDDY. #209 1666 OSPREY AVENUE NAPLES FL 34102 US	ATTN: LIONEL HEDDY. #209 1666 OSPREY AVENUE NAPLES FL 34102 US

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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc..	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: ~~06/29/1974~~ 08/11/1975

5. FEI Number: 59-1652472 ☐ 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
P	DEGRAFF, IKE	1666 OSPREY AVE	NAPLES FL 34102
V	~~FEDERER, ARMIDA~~ BAKER, GREG	1666 OSPREY AVE	NAPLES FL 34102
S	~~HUTCHINSON, GREGG~~ Williams, Marvey	1666 OSPREY AVE	NAPLES FL 34102
T	STEINER, POLLY	1666 OSPREY AVE	NAPLES FL 34102
D	EATON, CATHERINE	1666 OSPREY AVE	NAPLES FL 34102
D	CATELOTTI, VINCENT	1666 OSPREY AVE	NAPLES FL 34102

8. Name and Address of Current Registered Agent

PRESTIGE MANAGEMENT GROUP, INC.
12155 METRO PKWY
FORT MYERS FL 33912

9. Name and Address of New Registered Agent

Name: Lionel Heddy
Street Address (P.O. Box Number is Not Acceptable): 1666 Osprey Avenue
Suite, Apt. #, Etc.: #209
City: Naples State: FL Zip Code: 34102-3487

CR2E040 (8/00)

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: Lionel Heddy — REGISTERED AGENT MUST SIGN
Date: Oct. 20, 2000

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.

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SIGNATURE: Ike DeGraff President — IKE DeGRAFF — 10/20/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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