

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAR 30 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

SEASTONE CONDOMINIUM ASSOCIATION INC.  
Doc # 750560

2. Principal Office Address

9845 S.E. Fed. Hwy.

Suite, Apt. #, etc.

3. Mailing Office Address

9845 S.E. Fed Hwy

Suite, Apt. #, etc.

City & State

Hobe Sound Fl.

Zip

33455

Country

U.S.

City & State

Hobe Sound Fl.

Zip

33455

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

JAN 1980

5. FEI Number

20-2548763

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

Robert D. Ranger

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

4300 ST. Lucie Blvd.

Suite, Apt. #, Etc.

Unit 15

City

STUART FLA

State

FL

Zip Code

34997

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

Robert D. Ranger  
REGISTERED AGENT MUST SIGN

Date

3/23/05

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
D.	Robert D. Ranger	4300 ST LUCIE BLVD STUART FL. 34997	STUART FL. 34997
D.	JANE C Ranger	4300 ST LUCIE BLVD	STUART FL. 34997
T	THOMAS M Ranger	4199 ST LUCIE BLVD	STUART FL. 34997

10. 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:

THOMAS M RANGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS M RANGER

Date

3/24/05

Daytime Phone #

772-546-7777

CR2E081 (01/05)