

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

2006 NOV -1 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F01000003292

1. Corporation Name

Seabreeze Partners Management, Inc.

2. Principal Office Address

411 Seabreeze Avenue

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

411 Seabreeze Avenue

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

June 20, 2001

5. FEI Number

59-3723659

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

Douglas A. Kass

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

411 Seabreeze Avenue

Suite, Apt. #, Etc.

City

Palm Beach

State  
FL

Zip Code

33480

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

*[Signature]*

Date October 30, 2006

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
CPST	Douglas A. Kass	411 Seabreeze Avenue	Palm Beach, FL 33480

100081416981  
11/01/06--01013--013 \*\*900.00

*B 11/3/06*  
*OS-OK*

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 30, 2006

Date

561-805-7457

Daytime Phone #