

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 21 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003292

1. Corporation Name

Seabreeze Partners Management, Inc.

2. Principal Office Address

411 Seabreeze Avenue

3. Mailing Office Address

411 Seabreeze Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

Palm Beach

Zip

33480

Country

Palm Beach

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 ☒

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

Date March 10, 2003

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CPST	Douglas A. Kass	411 Seabreezs Avenue	Palm Beach, FL 33480

10. I certify that I am an officer or director of 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 taxes 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)(u), 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:

Douglas A. Kass

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15

2052

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205 -0384

From:

Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561)650 -7900
Fax Number : (561)655 -6222

CORPORATION REINSTATEMENT

SEABREEZE PARTNERS MANAGEMENT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75

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