PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 18 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/19/98--01108--028
***1058.75 ***1058.75

DOCUMENT # F95000001470

1. Corporation Name
Sebastian International Enterprises, Inc

Principal Place of Business
105 Markham Ct
Longwood, Fl 32779

Mailing Address
105 Markham Ct
Longwood, Fl 32779

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

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

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

4. Date Incorporated or Qualified To Do Business in Florida
Jan 1, 1995

5. FEI Number
88-0151229
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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Ferd B. Sebastian	1101 Delk Rd	Longwood, Florida 32779
D	Jan Sebastian	1101 Delk Rd	Longwood, Florida 32779
D	Darrell Guilbeaux	869 Ballard St Unit K	Altamonte Springs, FL. 32701
	6/18	REINSTATEMENT 96-98 TS	

8. Name and Address of Current Registered Agent
Ferd Sebastian
1101 Delk Rd
Longwood, Fl 32779

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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
REGISTERED AGENT MUST SIGN
Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐
(See other side for information on intangible tax.)

12. 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 1, 1998 (407)862-3200
Date | Daytime Phone #

CR2E040 (1-98)