	·····	SEESSE OOM	CONTRACTION FORM	
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMEI Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	PLETING THIS FORM.	
DOCUMENT # F95000005 375			98 AUG 28 PM 2: 52	
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE. FLORIDA	
SEAROCKS INTERNATIONAL INC.			HALEMINGSEE, FEURIUA	
Principal Place of Business	Mailing Address			
		-	nstatement 9	7-90
11 days addresses are incorrect in any way, line through incorrect information and enter correct. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 11 421 S.W. 25TH Court P.O.BOX 822026		f Applicable 4. Da	te Incorporated or Qualified Do Business in Florida 11/95	ai
Suite, Apt. #, etc.		5. FE	l Number Ap	oplied For
City & State City & State DAVIE - FLORIDA - Zip Country Zip Country		FL. 6.	S8.75 Additiona	ot Applicable I Fee required
33325 BROWARD. 7. Names and Street Addresses of Each Officer and/o	33082-2026 BRO	OWARD. CEI	RTIFICATE OF STATUS DESIRED X	
Name of Officers Str Title(s) and/or Directors Of		reet Address of Each fficer and/or Director Ise Post Office Box Numbers	City / State / Zip	
		.W.25TH COUF		•
			700002633107- -09/04/38011370 *****908.75 *****90	7 103 18.75
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
LEONARD OSHINSKY ESQ. 1150 E.HALLANDALE BEACH BLVD. SUITE a, HALLANDALE. FL 33009.		Name MUHAMMED A.KAPPAYA. Street Address (P.O. Box Number is Not Acceptable) 11421 S.W. 25TH COURT. Suite, Apt. #, Etc.		
		DAVIE. State Zip Code 333325		
10. I, being appointed the registered agent of the above Signature of Registered Agent X Mollan Rec	o named corporation, am familiar will an ameliar will an ameli	th and accept the obligations	of Section 607.0505, F.S. Date 8/28/98	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X (See other side for information on intangible tax.)				
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation this application is true and accurate, and my sign	ution has been eliminated, the corpo ames of individuals listed on this forn	prate name satisfies the requi m do not qualify for an exemp	rements of section 607.0401 or 617.0401 F.S. H.kr	en filing fill fees hudicated

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

8/32/98 954-434-5900.

Dayline Phone #