PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 18 PM 4:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F99000000487**

1. Corporation Name

SEAMASTER (USA), INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
1101 BRICKELL AVE. SUITE 302-S MIAMI FL 33131	1101 BRICKELL AVE. SUITE 302-S MIAMI FL 33131

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
899 South America Way	899 South America Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State: Miami FL.
Zip: 33132 Country: USA	Zip: 33132 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/26/1999

5. FEI Number: 65-0896061 ☐ 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 3	City / State / Zip 4
C	CRAWFORD, A.S.	GATE HOUSE, 1 FARRNIGDON STREET	LONDON EC4M 7NS
D	DEVINE, J.P.	GATE HOUSE, 1 FARRNIGDON STREET	LONDON EC4M 7NS
D	BARKER, A.N.	GATE HOUSE, 1 FARRNIGDON STREET	LONDON EC4M 7NS
P	FIRTH, BRUCE W	1101 BRICKELL AVE, SUITE 302-S	MIAMI FL 33131
~~S~~	~~GIL SAGASTUME, C.~~	~~1101 BRICKELL AVE, SUITE 302-S~~	~~MIAMI FL 33131~~

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 300003436873--5 -10/24/00--01067--004 Suite, Apt. #, Etc. ****750.00 ****750.00 City / State: FL / Zip Code

CR2E040 (8/00)

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: Barbara A Burke BARBARA A. BURKE, SPECIAL ASSISTANT SECRETARY — Date: 10/17/00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED — 10.17.00 — KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034738 AF