

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

97 OCT 29 PM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H14610

1. Corporation Name
SEA GULL RETIREMENT SERVICES, INC.

Principal Place of Business
250 73RD AVE
ST. PETE BEACH, FL
33706

Mailing Address
~~250 73RD AVE~~
C/O JOEL BROIDA, ESQ.
605 75TH AVE
ST PETERSBURG, FL 33706

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		4. Date Incorporated or Qualified To Do Business in Florida 07/31/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2478632	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	ROGER WEBSTER	1035 RIVERSIDE DR	PALMETTO, FL 34221
D,S,T	SUSAN BIGGLOW GRIZZARD	1355 PINELLAS BAYWAY UNIT # 2	TIERRA VERDE, FL 33715

REINSTATEMENT 88-97
A. Alar
10/29/97

8. Name and Address of Current Registered Agent

JOEL D. BROIDA, ESQ.
605 75TH AVE
ST. PETERSBURG, FL 33706

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
700002335407--2
Suite, Apt. #, Etc. -10/31/97-01088-005
City ***1820.00 ***1820.00
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 Joel D. Broida
REGISTERED AGENT MUST SIGN

Date 10-28-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: ROGER WEBSTER, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97 813-864-3147
Date Daytime Phone #