

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

200003655603-0

FILED

01 JAN 29 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

SEAL-CD SERVICES, INC.

2. Principal Office Address

3. Mailing Office Address

409 SW 6<sup>th</sup> AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH FL

Zip

Country

Zip

Country

33435

PALM BEACH

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/85

5. FEI Number

59-2598648

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK GRIFFIN

Street Address (P.O. Box Number is Not Acceptable)

409 SW 6<sup>th</sup> AVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State  
FL

Zip Code

33435

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

Mark Griffin

REGISTERED AGENT MUST SIGN

Date

1/15/01

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P      | MARK GRIFFIN                         | 409 SW 6 <sup>th</sup> Avenue                     | BOYNTON BEACH, FL 33435 |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

10. 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 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 debts 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:

Mark Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/01

Daytime Phone #

CR2081 (9/99)

**OFFICE PLUS**  
4310 10<sup>th</sup> Avenue North  
Lake Worth, FL 33461  
(561) 965-5508  
FAX (561) 967-6736

2082

January 18, 2001

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Seal-Co Services, Inc.

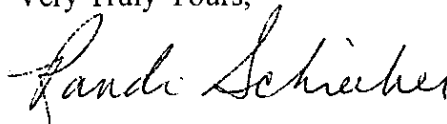
Gentlemen:

In accordance with my telephone conversation with your office, enclosed you will find the completed "Application for Reinstatement" together with a check in the amount of \$150.00.

As I explained to the young lady to whom I spoke, the stockholder of the company never received either notice of the Annual Report. An address change was given to the State but for some reason was not updated.

It is based on the above that we are requesting a reinstatement of the corporation at this time. Your attention to this matter is appreciated.

Very Truly Yours,



Randi Schreiber

CC: Seal-Co Services, Inc.