

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J13623

1. Corporation Name

HOD SEAMAN AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2712 GOLDENROD DR

~~2712 GOLDENROD DR~~

PO BOX 1329

PO BOX 1329

WINTER PARK FL 32792

~~WINTER PARK FL 32792~~

P.O. Box 1329  
Goldenrod, FL 32733-1329



32733-1329

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32733-1329

4. Date Incorporated or Qualified To Do Business in Florida

05/12/1986

5. FEI Number

59-2699098

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)

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	SEAMAN, HORACE W.	2712 GOLDENROD DR.	WINTER PARK FL 32792

300002702293--5  
-12/03/98-01094-021  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEAMAN, HORACE W.

2712 GOLDENROD DR

WINTER PARK FL 32792

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-19-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See rules and regulations 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-98

Date

407-679-9400  
Daytime Phone #

CR2ED040 (9/98)

20f2

The reason this was not  
paid is because I never  
got your form. I have had  
a problem with the mail  
in this area. Therefore  
all correspondence must  
go to this address!!

Thanks  
per Andy Dunlop pay \$150.00

HOD SEAMAN & ASSOC., INC.  
P.O. BOX 1329  
GOLDENROD, FL 32733-1329  
407-679-9400