

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **J14878**

1. Corporation Name

SEERAN, INC.

Principal Place of Business

Mailing Address

**c/o Beispel
290 West End Avenue, 8D
New York, NY 10023**

FILED

97 SEP -8 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT 05-97

2. New Principal Office Address, If Applicable c/o Beispel Suite, Apt. #, etc. 290 West End Ave., 8D City & State New York, NY 10023 Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 05/16/1986 5. FEI Number 58-1688963 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For Not Applicable	

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
VP/D	Robert Franco	166 E 43 ST	NY NY 10021
VP/D	Rachel Beispel	290 West End Avenue	New York, NY 10023
VP/D	Lillian Macken	Macken Realty 18999 Biscayne Blvd.	No. Miami Beach, FL 33180
ST/D	Steven Beispel	20 W. 86 St.	New York, NY 10024
RA	Alan Macken	Macken Realty 18999 Biscayne Blvd.	North Miami Beach, Florida 33180

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alan Macken c/o Macken Realty 18999 Biscayne Blvd. No. Miami Beach, FL 33180	Name	
	Street Address (P.O. Box Number is not acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL

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]**
REGISTERED AGENT MUST SIGN

Date **9/18/97**

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:

[Signature] Secy.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/7/97** Daytime Phone #