

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # J15169

1. Entity Name
SEAFLAME, INC.



FILED

2007 MAY -4 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2601 HAVENDALE BLVD.
WINTER HAVEN, FL 33881-1825

Mailing Address

2601 HAVENDALE BLVD.
WINTER HAVEN, FL 33881-1825

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007

REIN-P

CR2E098 (1/07)

4. FEI Number
59-2675809

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUVARDAS, PAUL J
2601 HAVENDALE BLVD.
WINTER HAVEN, FL 33881-1825

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul Houvardas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

7/14/06 90027 006
150.00

10. OFFICERS AND DIRECTORS

TITLE VSD ☐ Delete
NAME HOUVARDAS, JOHN P
STREET ADDRESS 2601 HAVENDALE BLVD
CITY - ST - ZIP WINTER HAVEN, FL 338811825

TITLE PD ☐ Delete
NAME HOUVARDAS, PAUL J
STREET ADDRESS 2601 HAVENDALE BLVD
CITY - ST - ZIP WINTER HAVEN, FL 338811825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP
000103131530
05/24/07--01009--010 **750.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Houvardas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1st 07

Date

Daytime Phone #

5/14/07