## 2007 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUI  1. Entity Nam  SEAFLAN	ie	#J15169							LE	ED
	<del></del>							2007 MAY	-4 /	M 10: 45
Principal Place of Business Mailing Address								SECRETA	ח עמי	C 07475
2601 HAVENDALE BLVD. WINTER HAVEN, FL 33881-1825			2601 HAVENDALE BLVD. Winter Haven, Fl. 33881-1825				•	TALLAHA	SSEE	F STATE FLORIDA
						A CRESTAL CITY	18 St. St. St. St. St. St. St. (21)	RIBIT MEN BIBIT BIT		
Principal Place of Business - No P.O. Box # 3. Mailing Addr				ress						
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			04022007	REIN-P	CR2E098	(1/07)	
City & State			City & State			4. FEI Number			<u> </u>	oplied For ot Applicable
Zip		Country	Zip	Coun	itry	59-2675809		SQ 75 Additional		
						5. Certificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent					Name	7. Name and /	Address of New R	egistered Age	nt	
HOUVARDAS, PAUL J					Name					
2601 HAV	ENDALE I	BLVD.			Street Address (P.O. Box Number is Not Acceptable)					
WINTERF	łAVEN, FI	_ 33881-1825								
					City			Zip Code		
		<del></del>						FL		
8. The above ramed ontity 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.										
Pru V Hamanac										
SIGNATURE (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
1										
FILE NOW!!! FEE IS \$900.00										
					<del></del>					120.00
10.	VSD	OFFICERS AND		11.		ADDITIONS/C	CHANGES TO OFF			
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NAME STREET ADORESS		/ENDALE BLVD			EET ADORESS					
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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, livity all other like empowered.										
Herreitzer May 1st 07										
SIGNATURE:  SIGNATURE AND TYPES OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR  Dute  Design Printe Printe  Design Printe  Des										
		ORDER - URE AND 17PEF OR 1		WINE						