

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J18559

1. Corporation Name

SEASIDE INN, INC.

2. Principal Office Address - No P.O. Box #
5330 TREADWAY DRIVE

3. Mailing Office Address
5330 TREADWAY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT RICHEY, FL

City & State
PORT RICHEY, FL

Zip
34668

Country

Zip
34668

Country

000161080110
09/28/09--01034--013 **1200.00
REINSTATEMENT 06-09

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/10/1986

5. FEI Number
59-2866062

☐ 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
DONALD A JOHNSON JR

Street Address (P.O. Box Number is Not Acceptable)
5325 TREADWAY DRIVE

Suite, Apt. #, Etc.

City
PORT RICHEY

State
FL

Zip Code
34668

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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**

Donald A Johnson Jr
REGISTERED AGENT MUST SIGN

Date 09/24/2009

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVD	DONALD A JOHNSON JR	5325 TREADWAY DRIVE	PORT RICHEY, FL 34668

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 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 contained in Chapter 119, 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:

Donald A Johnson Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD A JOHNSON JR

Date 09/24/2009

Daytime Phone # 727-267-0845

7/28