PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETIN	NG THIS FORM.						
APPLICATION FOR FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		7.5 to 10 to								
DOCUMENT # x29704			SO DATE OF BATTO BA							
1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA							
SEA GREEN, INC.				• .						
Prindpal Place of Business Mailing Address 7695 S.W. 104 Street Same										
Suite 210 Miami, FL 33156										
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable 7695 SW 104 St.  3. New Malling Address, If Applicable 7695 SW 104 St.			DO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified To Do Business in Florida 7-22-88							
7695 SW 104 St.  Suite, Apt. #, etc.  Suite, Apt. #, etc.				ss in Florida /=2.	4-00					
Suite 210			5. FEI Number	<del></del>	X Applied For					
cimiami, fl	İ			6. S8 75 Additional Fee required						
Zip Country 33131	Zip Countr	Country		CERTIFICATE OF STATUS DESIRED to a Certificate of Status						
7. Names and Street Addresses of Each Officer and/			st 3 directors)							
Title(s) Name of Officers and/or Directors	l Of	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Num		City / State /	Zip					
P/D Marc A. Kuperman	7695 SV	7695 SW 104 St., #210		Miami, FL 33156						
			1000025166116 -05/08/9801009024 ***1833.75 ***1833.75 INSTATEMENT 89/98							
ns.			MI CVIII		i.Man					
		<u> </u>			5/5/98					
8. Name and Address of Current F	Registered Agent		9. Name and Add	dress of New Registered Agen						
Marc A. Kuperman 7695 SW 104 Street, Suite 210 Miami, FL 33156  Name Street Address (P			.O. Box Number is Not Acceptable)							
						*	City	State Zip Code FL		
						10. I, being appointed the registered agent of the about Signature of Registered Agent	ve/named corporation, am familiar w ( /// / / / / / / / / / / / / / / / / /	ith and accept the obl	ligations of Section	<i>A</i>
11. Does this corporation pay a Dept. of Revenue under S.	iny intangible tax to th	ie utes. Yes [		(See other side for on intangible						
12. I do hereby certify that the information supplied we lease the Division of Corporations from any liabiliticertify that I am an officer or director or the receipt this reinstatement application the reason for dissipates owed by the corporation have been paid. The under oath.	y of non-compliance with Section 11 yer or trustee empowered to execute olution has been eliminated, the com- ne information indicated on this appl	9.07(3)(k) in the even this application as p porate name satisfies ication is true and ac	nt that the information or the character of the requirements occurate, and my signs.	on supplied is deemed exempt t ster 607 or 617. F.S. Liudher ce	from public access. I ertify that when filling 01, F.S., and that all gal effect as if made					