PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPAREMENT OF STATE APPLICATION Katherine Harris FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # 435708 99 DEC 10 PM 3: 09 1. Corporation Name SEA DELL CORPORATION Principal Place of Business Mailing Address 1158 Camino Del Vientos 1158 Camino Del Vientos Marathon, FL 33050 Marathon, FL 33050 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/27/1988 Suite. Apt. #, etc. Suite, Apt. #, etc. 5 FEI Number Applied For 65-0075779 City & State City & State Not Applicable \$8.75 Additional Feb required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) ROSENBAUM, MORRIS D 1158 Camino Del Vientos Marathon, FL 33050 D ROSENBAUM, ESTHER 1158 Camino Del Vientos Marathon, FL 33050 30003078463--8 -12/22/99--01047--020 ***1208.75 ***1208.75 REINSTATEMENT 96 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ESTHER ROSENBAUM Street Address (P.O. Box Number is Not Acceptable) 1158 Camino Del Vientos Marathon, FL 33050 Suite, Apt. #, Etc. City State Zip Code 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 STHER ROSEMA Date 12-8-99 REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes D No 🔯 Intangible Personal Property Tax due June 30. 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. CSTHER ROSE IN SIGNATURE: ESTHER ROSENBAUM - DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-743-7472