

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DOCUMENT # K36039

1. Corporation Name

SEARAY CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

~~1727 MARYLAND AVE #2~~  
% DAVID C. HUDSON  
ORMOND BEACH FL 32174

~~1727 MARYLAND AVE #2~~  
% DAVID C. HUDSON  
ORMOND BEACH FL 32174

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

~~1727 Maryland Avenue~~  
Suite, Apt. #, etc. ~~Suite # 2~~  
City & State

~~1727 Maryland Avenue~~  
Suite, Apt. #, etc. ~~Suite # 2~~  
City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/27/1988

5. FEI Number

59-2919117

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
DCP	HUDSON, DAVID C.	900 BROOKSIDE DR.	ORMOND BEACH FL
SDT	HUDSON, RHONDA F.	900 BROOKSIDE DRIVE	ORMOND BEACH FL
V	BOICE, CHRIS M	19 S ARBOR DR	ORMOND BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HUDSON, DAVID  
900 BROOKSIDE DRIVE  
ORMOND BEACH FL 32174

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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

*David C. Hudson*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-18-2000

11. 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.

SIGNATURE:

*David C. Hudson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/2000 904 672  
Date Daytime Phone # 6158

FILED

00 OCT 23 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1068



**Searay Construction, Inc.**  
General Contractors  
Residential & Commercial Contractors

Officer in Charge  
FL Dept of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Annual Corporation Form

Dear Sirs:

For a couple of years in a row, we have not received the information packet we are supposed to complete and return to you. Please accept our apology. We wish to give you our address:

Searay Construction Inc.  
1727 Maryland Ave.  
Suite 2  
Ormond Beach, FL 32174

We have often had problems with mail not getting to us. We are on a street with one office building and all other buildings are single family homes. We think this may account for our problems with the mail, however, please accept our check and reinstate our corporation to do business in the state of Florida.

Thank you and have a nice day.

David Hudson  
CEO, Director, Registered Agent  
Searay Construction Inc.

1727 Maryland Avenue Ormond Beach, Florida 32174  
(904) 672-6158