

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 14 AM 11:46

6779577

DOCUMENT # K36039

1. Corporation Name

SEARAY CONSTRUCTION, INC.

Principal Place of Business

1727 MARYLAND AVE #2
ORMOND BEACH FL 32174

Mailing Address

1727 MARYLAND AVE #2
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 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
			900004793869--2 -01/24/02--01026--001 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

HUDSON, DAVID
900 BROOKSIDE DRIVE
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

12-20-01

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:

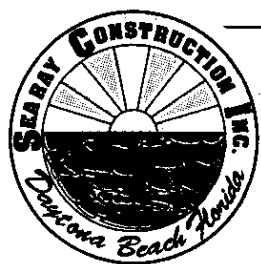
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-01 386 6726153

Daytime Phone #

CR2E040 (8/01)



Searay Construction, Inc.
General Contractors
Residential & Commercial Contractors

Lane, & Gentkenen,

We never received the Corporation
Annual Report packet in the mail.

I called the phone # & the recording
said to mail in the 150⁰⁰ fee with
an explanation. Please send the
packet in the future to my home

Address 900 Brookside Dr. O.B. FLA
32174. This Address is

same AS the registered Agent.

Thank You
David Hansen