

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 22 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K36039

1. Corporation Name

SEARAY CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

1727 MARYLAND AVE #2  
ORMOND BEACH FL 32174

1727 MARYLAND AVE #2  
ORMOND BEACH FL 32174



REINSTATEMENT

02

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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) 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

900009174779  
11/22/02--01074--015 \*\*750.00

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 Rhonda F. Hudson  
Street Address (P.O. Box Number is Not Acceptable)  
900 Brookside Dr.  
Suite, Apt. #, Etc.  
City Ormond Beach State FL Zip Code 32174

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/20/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/02

Daytime Phone #

CR2E040 (8/02)