

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FCR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # *K 39990*

1. Corporation Name

SOUTHLAND PROPERTIES OF SEAINWELL, Inc

1997 OCT 13 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

*5135 34TH ST S
ST PETERSBURG, FL 33711*

Mailing Address

*5135 34TH ST S
ST PETERSBURG, FL 33711*

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

10-20-88

5. FEI Number

59-2997131

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>PD</i>	<i>ERNEST FRIEDMAN</i>	<i>5135 34TH ST S</i>	<i>ST. PETERSBURG, FL 33711</i>
<i>D</i>	<i>NICHOLAS CORIECO</i>	<i>5135 34TH ST S</i>	<i>ST. PETERSBURG, FL 33711</i>

000002321890--2

10/16/97 01060 002

****165.00 ****165.00

10/13/97

8. Name and Address of Current Registered Agent

ERNEST FRIEDMAN

9. Name and Address of New Registered Agent

Name

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

5135 34TH ST S

Suite, Apt. #, Etc.

City

ST PETERSBURG

State

FL

Zip Code

33711

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/13/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

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.

SIGNATURE:

Ernest Friedman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-97
Date

Daytime Phone #

CR2000 (12/95)