

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # L01318

1. Corporation Name

THE SEA HAVEN APARTMENTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN 25 AM 9: 34

Principal Place of Business

Mailing Address

2935 Lantana Lakes Dr. W. -same-
Jacksonville, FL 32246

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

n/a

3. New Mailing Office Address, If Applicable

n/a

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/1989

5. FEI Number

59-2969177

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/D	Gloria A. Scott	2935 Lantana Lakes Dr. W.	Jacksonville, FL 32246
S	Steven R. Scott	949 CR 217	Jacksonville, FL 32234

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~~-06/27/97--01077--001~~
~~***1575.00 ***1575.00~~

REINSTATEMENT 91-97

8. Name and Address of Current Registered Agent

Steven R. Scott
949 CR 217
Jacksonville, FL 32234

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

Steven R. Scott

REGISTERED AGENT MUST SIGN

Date February 17, 1997

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:

Steven R. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven R. Scott

February 17, 1997

Date

(904) 289-
8761

Daytime Phone #

CR20040 (12/96)