
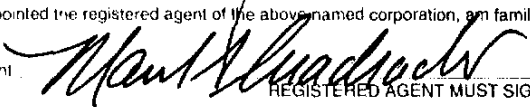
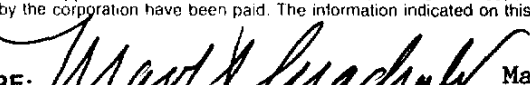


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN 27 AM 10:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L53316 1. Corporation Name SEA REINSURANCE, INC.					
Principal Place of Business _____ Mailing Address _____					
REINSTATEMENT 95-97					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 7254 S.W. 109th Path Suite, Apt. #, etc. _____		3. New Mailing Address, If Applicable Suite, Apt. #, etc. _____		4. Date Incorporated or Qualified To Do Business in Florida 02/27/90	
City & State MIAMI, FL		City & State _____		5. FEI Number 65-0208943	
Zip 33173	Country USA	Zip _____	Country _____	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4
					700002072377--4 -01/29/97--01050--011 ***1088.75 ***1088.75
P/D		IVETTE ARVELO		7254 S.W. 109th Path	Miami, FL 33173
S/D		VIRTUDES DE CESPEDES		7254 S.W. 109th Path	Miami, FL 33173
T/D		RAFAEL C. MORILLO		7254 S.W. 109th Path	Miami, FL 33173
Asst. S		MANUEL A. CUADRADO		200 S. Biscayne Blvd. #800	Miami, FL 33173
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name Manuel A. Cuadrado, Esquire		
			Street Address (P.O. Box Number is Not Acceptable) 200 South Biscayne Boulevard		
			Suite, Apt. #, Etc. Suite 800		
			City Miami	State FL	Zip Code 33131
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  Date 01/22/97 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: 			Manuel A. Cuadrado SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			01/22/97 (305)358-7747 Date Daytime Phone #		

CR2E040 (12/95)