

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 28 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *M66081*

1. Corporation Name

Sea Land Contractors Inc.

2. Principal Office Address

2300 SR 84

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL 33312

Zip

33312

Country

Broeard

3. Mailing Office Address

3514 E. Lake Rd

Suite, Apt. #, etc.

City & State

Geneva, NY 14456

Zip

14456

Country

Ontario

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/27/1988

5. FEI Number

65-0026133

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ira Libanoff PA 150 S. Pine Island Rd. Suite 400 Ft. Lauderdale, FL 33324

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

150 S. Pine Island Rd.

Suite, Apt. #, Etc.

Suite 400

City

Ft. Lauderdale,

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date *2/26/01*

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Leonard Cecere	2164 Rose Dr.	Ft. Lauderdale, FL 33316
VP	Mark Doan	11984 Lake Fern Dr.	Jacksonville, FL 32258

10. 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: *Leonard Cecere*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

Date

Daytime Phone #

CR2E081 (9/00)