# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 08, 2006**
**Secretary of State**

DOCUMENT# N00000007854

**Entity Name:** MATHEW SEAMAN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

C/O RICHARD SEAMAN
6721 YELLOWSTONE LANE
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RICHARD SEAMAN
6721 YELLOWSTONE LANE
PARKLAND, FL 33067

**New Mailing Address:**

**FEI Number: 65-1114334** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

PRATT, DAVID
2101 CORPORATE BOULEVARD
SUITE 220
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PRATT DAVID

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: SEAMAN, RICHARD
Address: 6721 YELLOWSTONE LANE
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: SEAMAN, ADELE
Address: C/O 6721 YELLOWSTONE LANE
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete
Name: BLUM, STUART
Address: C/O 6721 YELLOWSTONE LANE
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAMAN RICHARD D 10/08/2006

Electronic Signature of Signing Officer or Director — Date