PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

05 NOV 15 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # n01000007702

1. Corporation Name
Seamist Townhome Assoc. Inc

REINSTATEMENT 04-05

2. Principal Office Address	**3.** Mailing Office Address
655 Hernando St	4290 SW 143 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, Florida	City & State: Miramar, Florida
Zip: 34949 Country: USA	Zip: 33027 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 651147053 ☐ 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: Deborah Sacks

Street Address (P.O. Box Number is Not Acceptable): 4290 SW 143 Ave

Suite, Apt. #, Etc.:

City: Miramar State: FL Zip Code: 33027

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: Deborah Sacks Date: 11/8/05

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
Dir.	Deborah Sacks	4290 SW 143 Ave	Miramar FL 33027
Dir	Robert Sacks	4290 SW 143 Ave	Miramar FL 33027
Dir	Joel Eric	653 Hernando St	Ft. Pierce, FL 34949
Dir	Lori Eric	653 Hernando St.	Ft. Pierce, FL 34949

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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: Deborah Sacks Deborah Sacks 11/8/05 954-435-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Eckel NOV 16 2005