

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001728

1. Entity Name
Sea Dreamers, Inc.



Principal Place of Business
144 SEVERINO DRIVE
ISLAMORADA, FL 33036

Mailing Address
144 SEVERINO DRIVE
ISLAMORADA, FL 33036

2. Principal Place of Business - No P.O. Box #
16400 NW 2ND AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.
STE 203

Suite, Apt. #, etc.

City & State
NORTH MIAMI BEACH

City & State

Zip
33169

Country
USA

Zip

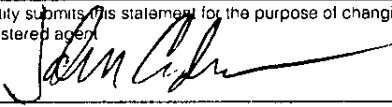
Country

01232009 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent
CADEN, JOHN
144 SEVERINO DRIVE
ISLAMORADA, FL 33036

7. Name and Address of New Registered Agent
Name
MARC OSHEROFF
Street Address (P.O. Box Number is Not Acceptable)
16400 N.W. 2ND AVENUE
STE 203
City
NORTH MIAMI BEACH FL Zip Code
33169

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2-10-09**

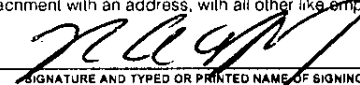
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HILSON, ROBERT P.O. BOX 1782 KEY LARGO, FL 33037-046 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBIN OSHEROFF 16400 NW 2 AVE #203 NORTH MIAMI BEACH FL 33169 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CADEN, JOHN 144 SEVERINO DRIVE ISLAMORADA, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE OFFICER MARC OSHEROFF 16400 N.W. 2ND AVE #203 NORTH MIAMI BEACH, FL 33169 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CADEN, LINDA 144 SEVERINO DR ISLAMORADA, FL 33036 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Treas MARC H. OSHEROFF 16400 N.W. 2ND AVE #203 NORTH MIAMI BEACH, FL 33169 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **MARC A. OSHEROFF** Date **2/10/09** Daytime Phone **(305) 965-0900**

FILED

09 FEB 19 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

