# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001728

1. Entity Name
Sea Dreamers, Inc.

FILED
09 FEB 19 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01232009 REIN-NP CR2E099 (1/07)

| Principal Place of Business | Mailing Address |
|---|---|
| 144 SEVERINO DRIVE<br>ISLAMORADA, FL 33036 | 144 SEVERINO DRIVE<br>ISLAMORADA, FL 33036 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 16400 NW 2ND AVE | SAME |
| Suite, Apt. #, etc.<br>Ste 203 | Suite, Apt. #, etc. |
| City & State<br>North Miami Beach | City & State |
| Zip<br>33169 Country<br>USA | Zip Country |

4. FEI Number
01-0632345
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CADEN, JOHN<br>144 SEVERINO DRIVE<br>ISLAMORADA, FL 33036 | Name: MARC OSHEROFF<br>Street Address (P.O. Box Number is Not Acceptable): 16400 N.W. 2ND AVENUE<br>Ste 203<br>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: _____ 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<br>HILSON, ROBERT<br>P.O. BOX 1782<br>KEY LARGO, FL 33037-046 | ☐ Delete | PRESIDENT<br>ROBIN OSHEROFF<br>16400 NW 2 AVE #203<br>NORTH MIAMI BEACH FL 33169 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>CADEN, JOHN<br>144 SEVERINO DRIVE<br>ISLAMORADA, FL 33036 | ☐ Delete | CHIEF EXECUTIVE OFFICER<br>MARC OSHEROFF<br>16400 N.W. 2ND AVE #203<br>NORTH MIAMI BEACH, FL 33169 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CADEN, LINDA<br>144 SERVINO DR<br>ISLAMORADA, FL 33036 | ☐ Delete | CFO/TREAS<br>MARCI H. OSHEROFF<br>16400 N.W. 2ND AVE #203<br>NORTH MIAMI BEACH, FL 33169 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 100144047341<br>02/20/09--01003--011 **315.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

REINSTATEMENT
RH

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 2/10/09 (305)945-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #