

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000005014

1. Corporation Name

SEA CHANGE FOUNDATION, INC.

W08-53034

2. Principal Office Address - No P.O. Box #

5600 S.E. WINGED FOOT

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34997

Country

U.S.A.

3. Mailing Office Address

5600 S.E. WINGED FOOT

Suite, Apt. #, etc.

City & State

STUART, FL

Zip

34997

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

THOMAS WHITE

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

5600 SOUTHEAST WINGED FOOT

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

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

THW White

REGISTERED AGENT MUST SIGN

Date **11-21-08**

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
D	THOMAS WHITE	5600 S.E. WINGED FOOT	STUART, FL 34997
D	KATHLEEN BOLAND	5600 S.E. WINGED FOOT	STUART, FL 34997
D	RICHARD PHILIPSON	8601 GEORGIA AVE, #1001	SILVER SPRING, MD 20910
REINSTATEMENT			
RH			

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 contained in Chapter 119, 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:

Kathleen G. Boland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/08

Daytime Phone #

**772
324-8520**

FILED

08 DEC -5 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200138229922
11/24/08--01030--011 **236.25

REINSTATEMENT

CR2E081 (10/08)

05-08

4. Date Incorporated or Qualified

To Do Business in Florida **12/14/2000**

5. FEI Number

65-1064174

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.