

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 10 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000001107

1. Corporation Name

Sea Pearls, Inc.

2. Principal Office Address

93 Martinique Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

3. Mailing Office Address

P.O. Box 1242

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33601

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 5, 2000

5. FEI Number

59-3618113

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

Kenneth Arsenault

800005326578--3

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

10225 Ulmerton Rd.

04/23/02-01058-028

****300.00 ****300.00

Suite, Apt. #, Etc.

Suite 2

City

Largo

State

FL

Zip Code

33771

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

REGISTERED AGENT MUST SIGN

Date 4-2-02

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/P	Stephen Breslow	93 Martinique Ave.,	Tampa, FL 33606
D/TS	Kathryn VanSpanckeren	93 Martinique Ave.,	Tampa, FL 33606

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:

Stephen Breslow, Director & President
4/2/02 813--254-7028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEA PEARLS CONDOMINIUMS

Stephen P. Breslow, Developer

April 1, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

I am appealing to your office for a reduction of reinstatement fees along with my application for such reinstatement and a check for \$300. We did not receive any forms for corporate filing at our address in 2001. Mail sent to 93 Martinique Ave., Tampa, FL 33606 should have been forwarded to our living address in that year, but either your correspondence was not sent to that address or not forwarded. Our only secure business address for this past period, and all future correspondence should be sent to P.O. Box 1242, Tampa, FL 33601.

Sincerely yours,



Stephen P. Breslow
Director & President,
Sea Pearls, Inc.