2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 MAY 23 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000001244

1. Entity Name
SEABROOK CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
153 NW 16TH STREET BOCA RATON, FL 33432	P O BOX 1881 BOCA RATON, FL 33429

REINSTATEMENT 04072006 REIN-P CR2E098 5-25-06

2. Principal Place of Business	3. Mailing Address
2500 N. MILITARY TRAIL	2500 N. MILITARY TRAIL
Suite, Apt. #, etc. #465	Suite, Apt. #, etc. #465
City & State BOCA RATON	City & State BOCA RATON, FL
Zip 33431 Country PALM BEACH	Zip 33431 Country PALM BEACH

4. FEI Number 65-0970614 ☐ 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
TROUF, RICHARD 10767 SLEEPY BROOK WAY BOCA RATON, FL 33428	Name STEVEN A. BELSON Street Address (P.O. Box Number Is Not Acceptable) 2500 N. MILITARY TRAIL #465 City BOCA RATON FL Zip Code 33431

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 [signature] May 19, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST TROUF, RICHARD 10767 SLEEPY BROOK WAY BOCA RATON, FL 33428 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SEVERINO, FRANK 2500 N, MILITARY TRAIL #465 BOCA RATON, FL 33431 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400075972694 06/08/06--01008--005 **308.75 ☐ 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	5/26 ☐ 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 607, 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: [signature] 19 MAY 06 954-880-5349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #