



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY -3 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P00000035794

1. Corporation Name

SEAFORTH TRUST EAST, INC.

2. Principal Office Address  
1250 Robin Ave.

3. Mailing Office Address  
1250 Robin Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Springs, FL

City & State  
Miami Springs, FL

Zip Country  
33166 USA

Zip Country  
33166 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 04/07/00

5. FEI Number

☒ 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

Christina Maranon

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

1250 Robin Ave.,

Suite, Apt. #, Etc.

City Miami Springs

State

FL

Zip Code

33166

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

*Christina Maranon*  
REGISTERED AGENT MUST SIGN

Date 4/19/02

**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	Forrest Sygman	6603 S. dixie Hwy	Miami, FL 33143
P	Christina Maranon (Trustee) 1250 Robin Ave.		Miami Springs, FL 33166

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:

*Christina Maranon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christina Maranon 4/19/02 305-887-4150

Date

Daytime Phone #

CR2081 (9/01)