

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001 UBR

FILED

01 NOV -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000065364

1. Corporation Name Seminole Tree, Inc.

700004705597--8
-12/05/01--01028--014
****150.00 ****150.00

2. Principal Office Address

428 S. Orlando Ave.

Suite, Apt. #, etc.

Unit C

City & State

Cocoa Beach, Florida

Zip

32931

Country

USA

3. Mailing Office Address

428 S..Orlando Ave.

Suite, Apt. #, etc.

Unit C

City & State

Cocoa Beach, Florida

Zip

32931

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-5-2000

5. FEI Number

59-3654724

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

James M. McNab, Jr.

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

428 S. Orlando Ave.

Suite, Apt. #, Etc.

Unit C

City

Cocoa Beach

State

FL

Zip Code

32931

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

James McNab

REGISTERED AGENT MUST SIGN

Date

11/2/01

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
P	Schatz, Edward	14 Sailfish Drive	Palm Coast, FL 32137
V	McNab, James M. Jr.	428 S. Orlando Ave, Unit C	Cocoa Beach, FL 32931
D	Hammond, Wade	507 Steeplechase Lane	Melborne, FL 32940

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:

James McNab

vice President

11/2/01

(321) 863-3363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

MARK P. STANTON

CERTIFIED PUBLIC ACCOUNTANT

3424 ST. JOHNS AVE. • P.O. Box 459 • PALATKA, FL 32178-0459 • PH: 904-328-1553 • FAX: 904-328-5144 • E-MAIL: MPSCPA@GBSO.NET

November 2, 2001

Ms. Kathrine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Harris:

Enclosed is the 2001 Uniform Business Report for my client, Seminole Tree, Inc. I am writing to you to request abatement of the late filing or reinstatement fee that could be assessed on this report. Upon review of the information listed on your online public inquiry it appears the principal address that was listed is a street address in Flagler Beach, Florida. The postal service does not have street delivery of mail in Flagler Beach so accordingly the Uniform Business Report was not delivered to my client.

I respectfully request abatement of the reinstatement fees because the report was never received by the taxpayer. Enclosed you will find a check in the amount of \$150 along with the Annual Report reflecting the correct address for future reports.

I thank you for your consideration in this matter.

Sincerely,

Mark P. Stanton

Mark P. Stanton, CPA



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MEMBER

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