

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P00000068540**

1. Corporation Name

**SEAGULL INVESTMENTS, INC**

2. Principal Office Address

**15121 JOG ROAD**

Suite, Apt. #, etc.

**N/A**

City & State

**DELRAY BEACH FL**

Zip

**33446**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/18/2000**

5. FEI Number

**65-1025037**

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

**GUILLERMO ARAGON**

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

**9050 NW 28 ST**

Suite, Apt. #, Etc.

**112**

City

**CORAL SPRINGS**

State

**FL**

Zip Code

**33065**

**900004589355-2**

**09/15/01-01004-007**

**\*\*\*150.00 \*\*\* 50.00**

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

**[Signature]**

REGISTERED AGENT MUST SIGN

Date **8/16/01**

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
Pres	Guillermo Aragon	9050 NW 28 ST #112	Coral Springs FL 33065

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:

**[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8/16/01**

Daytime Phone #

**954-461-2064**

202

Seagull Investments, Inc.  
15121 Jog Road  
Delray Beach, FL 33446  
561-499-2600

August 15, 2001

Dept of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

To whom it may concern:

I have recently hired a bookkeeper for my corporation and she has realized that check # 1413 dated 4/13/01 made out to division of corporations, have not been cashed as of yet.

I have called your office and advised my to download and fill out the form for the reinstatement of corporation.

Enclosed find the form and another check in the sum of \$150.00

If further information is needed please do not hesitate to contact Guillermo Aragon, President at 954-461-8064

Thank you.

  
Guillermo Aragon  
President