

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 12 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P01000021546

REINSTATEMENT 07-04

800032506128
04/13/04--01016--011 **450.00

2. Principal Office Address
122 Minorca Avenue

3. Mailing Office Address
122 Minorca Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Gables, Florida

City & State
Coral Gables, Florida

Zip
33134

Country
USA

Zip
33134

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 2/28/01

5. FEI Number 65-1089361

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
Hector E. Villamar, Jr.

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

Suite, Apt. #, Etc.

City
Coral Gables,

State
FL

Zip Code
33134

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

Date 3/30/04

REGISTERED AGENT MUST SIGN

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
DP	Hector E. Villamar, Jr.	122 Minorca Avenue	Coral Gables, FL, 33134

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 305-669-0150

Date

Daytime Phone #

CR2E081 (01/04)

LAW OFFICES
BLARY & VILLAMAR, P.A.

122 MINORCA AVENUE
CORAL GABLES, FLORIDA 33134

IVONNE ROSA BLARY
HECTOR E. VILLAMAR, JR.

TELEPHONE (305) 569-0150
TELEFACSIMILE (305) 569-0750

March 30, 2004

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

Re: Reinstatement of Seaways Internationals, Inc., Document Number P01000021546

Dear Sir/Madam:

We did not receive the annual report for filing on the above referenced corporation for the year 2002, and therefore request you waive the reinstatement fee. We enclose the annual filing fee in the amount of \$450.00 for the years 2002, 2003, and 2004.

Please contact us if there is anything further that you require. Thank you for your attention on this matter.

BLARY & VILLAMAR, P.A.



Hector E. Villamar, Jr.