

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1058.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 26 PM 4:03

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W050003227

DOCUMENT # 001000045692

**1. Corporation Name**

Sea & Sea Trading, INC

**2. Principal Office Address**

1412 Apple Blossom LN

Suite, Apt. #, etc.

**City & State**

West Palm Beach FL

**Zip**

33415

**Country**

Palm Beach

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

**City & State**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

05/07/2001

**5. FEI Number**

651101490

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-05

**7. Name and Address of Current Registered Agent**

**Name**

Jesus Chacon

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

1412 Apple Blossom LN

Suite, Apt. #, Etc.

**City**

West Palm Beach

**State**

FL

**Zip Code**

33415

**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 06/27/05

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
DI	Zayda Celis	11348 Touchwood CT	Wellington FL 33414
DP	Jesus Chacon	1412 Apple Blossom LN	West Palm Palm FL 33415

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**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

06/27/05

Date

561-827-3050

Daytime Phone #

CR2E081 (01/05)