


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000103018 1. Entity Name SEASHELL SUITES INC.	
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FILED
08 NOV 20 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9805 SOUTH HWY. A1A MELBOURNE BEACH, FL 32951	Mailing Address 9805 SOUTH HWY. A1A MELBOURNE BEACH, FL 32951
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2. Principal Place of Business - No P.O. Box # 8795 S. Highway A1A Suite, Apt. #, etc.	3. Mailing Address 8795 S. Highway A1A Suite, Apt. #, etc.
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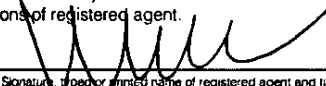


REINSTATEMENT

City & State Melbourne Beach, FL	City & State Melbourne Beach, FL	4. FEI Number 59-3755715	Applied For <input type="checkbox"/> Not Applicable
Zip 32951	Country Brevard	Zip 32951	Country Brevard
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AZAR, DAVID WM. ATTY. 5920 S. HIGHWAY A1A SUITE 101 MELBOURNE BEACH, FL 32951	7. Name and Address of New Registered Agent Name Wendell Mazelow Street Address (P.O. Box Number is Not Acceptable) 8795 S. Highway A1A City Melbourne Beach FL Zip Code 32951
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

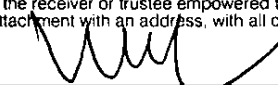
SIGNATURE  **Wendell Mazelow** 11/18/2008
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	MAZELOW, WENDELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	9805 S. HWY. A1A		
CITY - ST - ZIP	MELBOURNE BEACH, FL 32951		
TITLE		<input type="checkbox"/> Delete	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
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CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Wendell Mazelow, President** 11/18/08 (321)432-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/20