

FROM :

FAX NO. :

Aug. 11 2005 02:45PM P1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 12 PM 2:31

DOCUMENT # P020000 55 086

1. Corporation Name

SEAHORSE NURSERY CORPORATION

2. Principal Office Address
15505 SW 212 AVENUE3. Mailing Office Address
11842 SW 100 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDACity & State
MIAMI, FLORIDAZip Country
33187 DADEZip Country
33186 DADE4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number 33-1117032

Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Addional Fee needed
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALAN PEREZ

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

15505 SW 212 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State
FLZip Code
33187

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

REGISTERED AGENT MUST SIGN

Date 8/11/05

9. Name 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
PD	ALAN PEREZ	15505 SW 212 AVENUE	MIAMI MIAMI, FL 33187
TD	ARNALDO PEREZ	15505 SW 212 AVENUE	MIAMI, FL 33187

300058696793
08/17/05--01043--018 **450.00

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 118.07(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

8/11/05

Date

786-235-3706

Daytime Phone #

CR2001 (01/05)

SEAHORSE NURSERY CORPORATION
15505 SW 212 AVENUE
Miami , Florida 33187
Cell: (786) 255-3706

Miami, August 11, 2005
Re: **SEAHORSE NURSERY**
CORPORATION
F.E.I. #: 33-1117032

Florida Department of State
P.O. Box 6198
Tallahassee, FL 32314

Gentlemen:

This letter is to inform you that we did not received any correspondence from your office for **SEAHORSE NURSERY CORPORATION**.

Enclosed please find Corporation Reinstatement for the above Corporation along with this payment of \$ 450.00.

If you have any questions do not hesitate to contact us.

Very truly,

A handwritten signature in black ink, appearing to read 'Alan Perez', with a large, stylized initial 'A' and a long, sweeping horizontal stroke at the end.

Alan Perez
President