

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P02000112774

1. Corporation Name

Seaside PPR, Inc.

2. Principal Office Address

3 South 2nd St

Suite, Apt. #, etc.

Suite 202

City & State

Fernandina Beach, FL

Zip

32034

Country

US

3. Mailing Office Address

P O Box 16089

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32035

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/02

5. FEI Number

02-0652173

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

Jeffrey Tomassetti, Esquire

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

406 ASH STREET

Suite, Apt. #, Etc.

City

Fernandina Beach

500035557085

05/05/04 01021-023 **300.00

State

FL

Zip Code

32034

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

C. O. T. D. A.
REGISTERED AGENT MUST SIGN

Date 4-30-04

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
P, D	Paul Head	1807 Beachwalker Road Fernandina Beach, FL 32034	Fernandina Beach, FL 32034
V, D	Paschel Gilkey, Jr.	436 Beachside Place	Fernandina Beach, FL 32034
S, D	Richard Darlington	500 Harvester Rd	Milledgeville, FL 32097

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:

Paul W. Head
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-04

Daytime Phone #

770-318-8724

CR2E081 (01/04)