

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

PS 172

**DOCUMENT # P03000052314**

1. Entity Name  
**SEABOARD AUTO CORPORATION**

Principal Place of Business  
**145 SEABOARD AVENUE  
VENICE, FL 34292**

Mailing Address  
**145 SEABOARD AVENUE  
VENICE, FL 34292**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**65-0765178**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RENAISSANCE TAX & BUSINESS SERVICES, INC.  
2357-3 S. TAMiami TRAIL  
SUITE 201  
VENICE, FL 34293**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENARD, WILLIAM M 1149 SLEEPY HOLLOW COURT VENICE, FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Menard, Pinky 1149 Sleepy Hollow Court Venice, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

FILED  
JAN 31 10 22 20  
TALLAHASSEE, FLORIDA  
400046289274  
02/10/05--01006--007 \*\*8.75

FROM : SEABOARD AUTO SALES

FAX NO. : 941 484 2285

Feb. 03 2005 01:09PM P2

PS 292



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**Seaboard Automotive, Inc**

SERVING THE VENICE AREA FOR 26 YEARS!

Florida Dept. Of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

February 3, 2005

RE: Filing of 2004 Annual Report

We are asking that the fees be waived to reinstate the corporation because we never received the September 2, 2004 correspondence letter that was sent to us and therefore we missed the 30 day deadline. We apologize for any inconvenience this may have caused.

Sincerely,

W W Menard, President

145 Seaboard Avenue  
Venice, FL 34285

Auto Sales: 941-484-2627 Fax 941-484-2285  
Auto Parts: 941-484-5694 Toll Free 800-305-6569

**THANK YOU FOR YOUR BUSINESS**