

\$1,085

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL 20 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000074648

1. Corporation Name
SEA TESS, PA

2. Principal Office Address - No P.O. Box #
5150 BLISS RD.
Suite, Apt. #, etc.

3. Mailing Office Address
5150 BLISS RD.
Suite, Apt. #, etc.

City & State:
SARASOTA, FL
Zip Country
34233 USA

City & State
SARASOTA, FL
Zip Country
34233 USA

REINSTATEMENT 07-09
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida
5/7/2004

5. FEI Number
201014702
☐ 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
KAREN HOEFT
Street Address (P.O. Box Number is Not Acceptable)
5100 STATION WAY
Suite, Apt. #, Etc.
City State Zip Code
SARASOTA FL 34233

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **Karen Hoeft** Date **6/30/09**
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
D	SCOTT DICKINSON	5150 BLISS RD.	SARASOTA, FL 34233

600158758545
07/21/09 01002 024 **2170.00

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 contained in Chapter 119, 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: **Scott Dickinson** Date **6/30/09**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #