


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 JUN 13 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA700104321057  
06/13/07--01032--018 \*\*450.00

CR2E081 (1/07)

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		2007 JUN 13 AM 10:05  SECRETARY OF STATE TALLAHASSEE, FLORIDA  700104321057 06/13/07--01032--018 **450.00	
<b>DOCUMENT #</b> <u>P04000089676</u> 1. Corporation Name <b>SEA 17 CORP.</b>					
2. Principal Office Address - No P.O. Box # <b>2564 N.W. 63RD STREET</b>		3. Mailing Office Address <b>226 BASIN DRIVE</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>06/09/2004</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0924219</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State <b>BOCA RATON, FL</b>		City & State <b>FORT LAUDERDALE, FL</b>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
Zip <b>33496</b>	Country <b>USA</b>	Zip <b>33308</b>	Country <b>USA</b>		
7. Name and Address of Current Registered Agent Name <b>ANTHONY LOMASCOLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2564 N.W. 63RD STREET</b> Suite, Apt. #, Etc. City <b>BOCA RATON</b> State <b>FL</b> Zip Code <b>33496</b>					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0503, F.S. Signature of Registered Agent <u>X</u> <i>[Signature]</i> Date <u>5/17/2007</u> <b>REGISTERED AGENT MUST SIGN</b>					
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	
DPT	ANTHONY LOMASCOLO	2564 N.W. 63RD STREET		BOCA RATON, FL 33496	
DVS	ANNA LOMASCOLO	2564 N.W. 63RD STREET		BOCA RATON, FL 33496	
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 807 or 817, 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 807.0401 or 817.0401, 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. <b>SIGNATURE:</b> <u>ANTHONY LOMASCOLO, PRESIDENT</u> <i>[Signature]</i> <u>5/17/2007</u> <b>954-615-4332</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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