

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000144635

1. Entity Name
SEA HOMES, INC.



FILED

2006 OCT 10 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2404 HOLLY LN
PALM BEACH GARDENS, FL 33410

Mailing Address
2404 HOLLY LN
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09222006

REIN-P

CR2E098 (11/05)

4. FEI Number
20-1806296

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, ROBERT
3805 UNIVERSITY BLVD W
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name
Cameron, Charles R.
Street Address (P.O. Box Number is Not Acceptable)

2404 Holly Ln.
City
Palm Beach Gardens FL Zip Code
33410

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

C. R. Cameron

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-12-06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
CAMERON, CHARLES R
2404 HOLLY LN
PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CAMERON, ROGER D
2404 HOLLY LN
PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CAMERON, LEOTA
2404 HOLLY LN
PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400080691514
10/10/06--01065--003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 11 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C. R. Cameron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-12-06

423-331-4343

10/12/06