



## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000000087</b> 1. Entity Name <b>SEACOR CAPITAL INC.</b>						FILED 06 JAN -9 PM 2:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business <b>1 E BROWARD BLVD STE 700 FT LAUDERDALE, FL 33301</b>				Mailing Address <b>1 E BROWARD BLVD STE 700 FT LAUDERDALE, FL 33301</b>							
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			4. FEI Number 01032006		Applied For <input type="checkbox"/> Not Applicable			
City & State Zip      Country		City & State Zip      Country		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>SCHAEFFER, STEPHEN 1 E BROWARD BLVD STE 700 FT LAUDERDALE, FL 33301</b>					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
<b>FILE NOW!!! FEE IS \$300.00</b>					In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHAEFFER, STEPHEN 1 E BROWARD BLVD STE 700 FT LAUDERDALE, FL 33301				TITLE NAME STREET ADDRESS CITY-ST-ZIP	000064521140 01/25/06--01040--019 **300.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				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"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					1/3/06 <small>Date</small>		516-482-6265 <small>Daytime Phone #</small>				