

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Seacor Capital Inc.

2. Principal Office Address - No P.O. Box #

11460 Royal Palm Blvd

Suite, Apt. #, etc.

60

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

111 Great Neck Rd.

Suite, Apt. #, etc

300

City & State

Great Neck, NY

Zip

11021

Country

USA

400161981094
10/21/09--01028--008 **308.75

REINSTATEMENT 08-09

4. Date Incorporated or Qualified
To Do Business in Florida 12/30/2004

5. FEI Number
202532436

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
SCHAEFFER, STEPHEN

Street Address (P.O. Box Number is Not Acceptable)
515 E. LAS OLAS BLVD

Suite, Apt. #, Etc.
1030

City
FT LAUDERDALE

State Zip Code
FL 33301

☒ 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

REGISTERED AGENT MUST SIGN

Date 10-19-09

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
Pres	FICARRA, LISA	11460 Royal Palm Blvd	Coral Springs, FL 33065
Sec	FICARRA, LISA	11460 Royal Palm Blvd	Coral Springs, FL 33065

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:

LISA Ficarra Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-09

Date

516-316-8620

Daytime Phone #