2009 FOR PROFIT CORPORATION REINSTATEMENT

		# P05000002		<u> </u>	ILED						
1. Entity Name SEAMAR INC.			•			1		50			
	····						12 AM 3:				
Principal Place 5001 COLLINS		5	Mailing Address 5001 COLLINS AVENUE			JEUNÉ.	IARY OF ST ASSEE, FLO	ATE I RIDA	84 3	.19	
16D Miami Beach		1	16D MIAMI BEACH, FL 33140		TALLAH	Maarr, , e.	,,,,,	, 0	۴		
2. Principal Place of Business - No P.O. nox * SUC SURFSIDE PLVD,			3. Mailing Address 8/6-54/F9/DE BLVD			RET	NSTA	TE	WE		
Suite, Apt. #	¥, etc.		Suite, Apt. #, etc.			02062009	REIN-P	CR2E	098 (1/07)	06	
State State			SULFSIDE, FL			4. FEI Number 20-211				olied For Applicable	
^z 3315	4	Country	zig33154	Cour	TLS	5. Certificate	of Status Desired		\$8.75 Addi Fee Required		
	6. Name	and Address of Current I	Registered Agent		Name	7. Name and	Address of New R	egistered /	gent		
GUILLEN, C			Street Address (P.O. Box Number is Not Acceptable)								
5001 COLL 16D					Street Address (F.O. DOX Number to Not Address and Street						
MIAMI BEA	ACH, FL 3	33140	City FL Zip Code								
8. The above	named entit	y submile this statement for	the purpose of champing its	register		red agent, or bo	h, in the State of Flo		familiar with, a	and accept	
8. The above named entity summits 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 (NOTE: Registered Agent algorithms required when reinstating) DATE											
	<i></i>						In accordance v	/ith s. 607	.193(2)(b), F	S. the	
FIL	E NOW!!	FEE IS \$300.00					corporation did	not receive	e the prior n	otice.	
10.	p	OFFICERS AND		11.		ADDITIONS,	CHANGES TO OFF	CERS AND	DIRECTORS Change	IN 11	
TITLE NAME	P Delete ITIL NAME P				- 1	n/ 300143500003					
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NAME			T news	NAM	AE						
STRECT ADDRESS CITY-ST-ZIP		4			EET ADDRESS Y- ST- ZIP						
TIFLE	-		☐ Delete	TITL	1				Change	☐ Addition	
NAME STREET ADDRESS		•		STR	EET ADORESS						
CITY-ST-ZIP	ertify that th	e information sublied with	this filing does not qualify for		Y-ST-ZIP temptions containe	d in Chapter 119), Florida Statutes. I	further cert	tify that the in	formation	
indicated of the cor	on this repo	ort or supplemental report is the receiver or trystee empor	this filing does not qualify for true and accurate and that twered to execute this report with all other like empoyered	my signa t as requ	ature shall have the pired by Chapter 60	same legal effe 7, Florida Statut	ct as if made under es; and that my nam	oath; that I e appears i	am an officer n Block 10 or	or director Block 11 if	
		administration address, t	A Physical Biological Control				2/13/	19			
SIGNAT	URE:\	SIGNATURE AND TYPES OR P	EMITED NAME OF SIGNING OFFICER	OR DIREC	тоя .		Date	- / _	Szytme Phone #		