

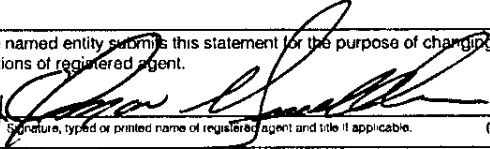
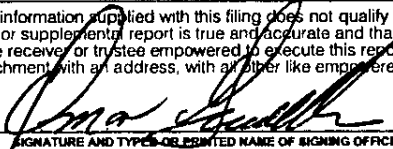


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000002794 1. Entity Name SEAMAR INC.				FILED 2009 FEB 12 AM 3:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5001 COLLINS AVENUE 16D MIAMI BEACH, FL 33140		Mailing Address 5001 COLLINS AVENUE 16D MIAMI BEACH, FL 33140		 REINSTATEMENT 02062009 REIN-P CR2E098 (1/07)	
2. Principal Place of Business - No P.O. Box # 816 SURFSIDE BLVD.		3. Mailing Address 816 SURFSIDE BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SURFSIDE, FL		City & State SURFSIDE, FL			
Zip 33154		Country US		4. FEI Number 20-2112578	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUILLEN, OMAR SR. 5001 COLLINS AVENUE 16D MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  DATE: _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00				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	P GUILLEN, OMAR P 5001 COLLINS AVENUE, 16D MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 				Date: 2/13/09	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	