
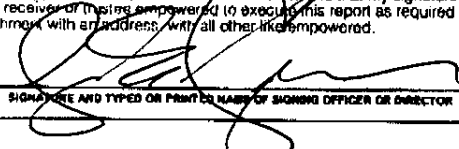


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 8:23

DOCUMENT # P05000092977			
1. Entity Name SEALAND REALTY INC.			
Principal Place of Business 304 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901 US		Mailing Address 304 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901 US	
2. Principal Place of Business - No P.O. Box # 530 E. CENTRAL BLVD #1601 Suite, Apt. #, etc.		3. Mailing Address 530 E. CENTRAL BLVD Suite, Apt. #, etc. #1601	
City & State Orlando, FL		City & State ORLANDO, FL	
Zip 32801		Zip 32801	
Country U.S.		Country U.S.	
4. FEI Number 20-3136235		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUTTER, GORHAM JR. 283 CRANES ROOST BLVD. SUITE 111 ALTAMONTE SPRINGS, FL 32701		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: <small>Signature, typed or printed name of registered agent and fee if applicable</small>		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 PTD	NAME LUNDGAARD-HECTOR, VIVIEN E	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1514 SUMTER LANE	CITY - ST - ZIP WEST MELBOURNE, FL 32904		
TITLE VSD	NAME CAPUANO, GARY	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 530 E CENTRAL BLVD., #1601	CITY - ST - ZIP ORLANDO, FL 32801		
TITLE D	NAME RICHARDS, EDWARD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 119 FREDDIE STREET	CITY - ST - ZIP INDIAN HARBOUR BEACH, FL 32937		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP		
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 of the same; that I am duly 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: 		4-18-08 407.474-8222	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

NEW ADDRESS



04152008 REIN-P CR2E068 (1/07)

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04/22/08--01019--012 **\$300.00

34/23/08

REINSTATEMENT