

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

10/2
FILED

02 JAN 22 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P05551**

1. Corporation Name

G.C. SEALOVE CORP.

Principal Place of Business

6734 WILLOW WOOD DR.
UNIT 1401
BOCA RATON FL 33434

Mailing Address

6734 WILLOW WOOD DR.
UNIT 1401
BOCA RATON FL 33434



01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-1953768

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SEALOVE, CELIA	6734 WILLOW WOOD DR 1401	BOCA RATON FL
SD	SEALOVE, ALAN	61 ARBOR ROAD	ROSLYN NY
VD	SEALOVE, ELLIOT	4 REDWOOD CT	SANDS POINT NY
D	MORTON, SEALOVE	27 DEEPWOOD RD	ROSLYN NY

900004853549-7
-02/01/02-01053-023
***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEALOVE, CELIA
6734 WILLOW WOOD DR. UNIT 1401
BOCA RATON FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Celia Sealove
REGISTERED AGENT MUST SIGN

Date

11/02/2001

11. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/02/2001

212 944 6894



Marks Paneth
& Shron LLP

Certified Public Accountants
and Consultants

2al2

VIA OVERNIGHT MAIL

January 21, 2002

Direct Tel. No. 212-503-8840
Direct Fax No. 212-503-8841
hhoff@markspaneth.com

Michelle Milligan
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

Re: **Non-receipt of UBR**
Taxpayer: GC Sealove Corp.
Taxpayer ID: 13-1953768
Tax Year: 2001

Dear Ms. Milligan:

As we discussed on the phone, the above-referenced taxpayer did not receive the first notice of the Uniform Business Report (UBR) for 2001. The taxpayer did not receive the second notice until November 2, 2001, which was promptly filled out and filed. The non-receipt of the first notice and the late receipt of the second notice were due to forwarding problems with the mail from the Director's primary residence in Florida to the place in New York where she was staying.

Please reinstate the Corporation and waive all penalties as well as accept the enclosed \$300 check as payment of the annual fee for the years 2001 and 2002.

Very truly yours,

Howard Hoff, CPA
Partner

HH:sr
Enclosure

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Telephone 212 503 8800
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with Jeffreys Henry
International