

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 NOV 29 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT #

1. Corporation Name

P16000000201

Sea Grape Drive Property Inc.

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

4337 Sea Grape Drive
Suite, Apt. #, etc.

3. Mailing Office Address

3692 NW 63rd CT
Suite, Apt. #, etc.

City & State

Lauderdale by the Sea

City & State

Coconut Creek.

Zip

33308

Country

USA

Zip

33073

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/2016

5. FEI Number

81-1324068

☐ 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

Ann Vitale

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

3692 NW 63rd CT.

Suite, Apt. #, Etc.

Coconut Creek

State

FL

Zip Code

33073

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:

Ann Vitale
REGISTERED AGENT MUST SIGN

Date 11/16/18

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
P	Ann Vitale	3692 NW 63rd CT.	Coconut Creek, FL 33073

10. E-mail Address:

rvitale2128@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

Ann Vitale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/18

Date

(934) 732-0571
Daytime Phone #