

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 16 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P36176

1. Corporation Name

SEVEN SEAS COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

1700 E. LAS OLAS BLVD.  
SUITE 202  
FT. LAUDERDALE FL 33301

1700 E. LAS OLAS BLVD.  
SUITE 202  
FT. LAUDERDALE FL 33301

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/1991

5. FEI Number

58-1955824

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DCP	CANTOR, GARY	3530 MYSTIC POINTE DR.	AVENTURA FL
DVST	ADKINS, PAUL	2930 NW 26TH AVE	BOCA RATON FL
ST	ADKINS, PAUL	151 E. 31ST ST/ #286	NEW YORK NY

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-10/26/00-01053-020

\*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANTOR, GARY  
1700 E. LAS OLAS BLVD.  
SUITE 202  
FT. LAUDERDALE FL 33301

Name

GARY CANTOR

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

3530 MYSTIC POINTE DR #2306

Suite, Apt. #, Etc.

#2306

City

AVENTURA

State

FL

Zip Code

33180

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

*GARY A. CANTOR*  
REGISTERED AGENT MUST SIGN

Date 10-13-2000

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: *GARY A. CANTOR*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-2000 305 935 9777  
Date Daytime Phone #