

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

01-02 UBE

FILED

02 FEB 14 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004652

1. Corporation Name

SEASIDE PLAZA, INC.

2. Principal Office Address

4255 A1A South

3. Mailing Office Address

4255 A1A South

Suite, Apt. #, etc.

Suite 10

Suite, Apt. #, etc.

Suite 10

City & State

St. Aug, FL 32080

City & State

St. Aug. FL 32080

Zip

32080

Country

St. Johns

Zip

32080

Country

St. Johns

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3162662

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

George M. McClure

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

170 Malaga Street

Suite, Apt. #, Etc.

City

St. Augustine, FL

State

FL

Zip Code

32084

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/31/02

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
D	SEAWRIGHT, J A	105 Del Prado Way	St. Aug., FL 32080
D	DUSSEAU, M W	#4 James Roy Ave W	Palm Coast, FL 32137
D	KAMLA, ELDEN G	123 Heron's Nest Lane	St. Aug. FL 32080
D	KEENE, E L	104 East Reynolds St Suite 212	Plant City, FL 33566

10. 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

*[Signature]*  
Andrew Seawright

Date

1/31/02

Daytime Phone #

904.471.3665

CR2E081 (9/01)

2012

January 31, 2002

Florida Dept. of State  
P.O. Box 6327  
Tallahassee, FL 32314

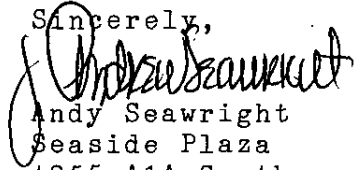
Dear Sir:

In reference to document P93000004652, Seaside Plaza Inc.

We were in contact with your office today concerning renewal form for our corporation for 2001 and 2002. We did not receive a renewal form due to change of address, and you have this in file. We are sending you a check for \$300 for 2001 and 2002 renewal.

Please note the correct address on document. If you have any questions, please call.

Sincerely,

  
Andy Seawright  
Seaside Plaza  
4255 A1A South  
Suite 10  
St. Aug. FL 32080