

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John J. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000009567

1. Corporation Name

SEA OATS FARM INC.

Principal Place of Business

~~28500 S.W. 197TH AVENUE -
HOMESTEAD FL 33031~~

18620 SW 134 Ave.
Miami, FL 33177

Mailing Address

26500 S.W. 197TH AVENUE
HOMESTEAD FL 33031

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.

18620 SW 134 Ave.

Suite, Apt. #, etc.

Same as

City & State

Miami FL

City & State

above

Zip

33177

Country

Dade

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1993

5. FEI Number

65-0389921

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FARINAS, MARIA E	26500 S.W. 197TH AVENUE	HOMESTEAD FL 33031
D	FARINAS, MANUEL A	26500 S.W. 197TH AVENUE	HOMESTEAD FL 33031
D	FARINAS, CRISTINA C	28500 S.W. 197TH AVENUE - 18620 SW 134 Avenue	HOMESTEAD FL 33031 Miami - FL 33177
			800002415208--6 -01/28/98--01103--016
			800002415208--6 -01/28/98--01103--017
			****575.00 ****575.00

8. Name and Address of Current Registered Agent

FARINAS, MARIA E
26500 S.W. 197TH AVENUE
HOMESTEAD FL 33031

9. Name and Address of New Registered Agent

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

M. Janitas

REGISTERED AGENT MUST SIGN

Date

12/1/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

M. Janitas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/97

Date

232-3476

Daytime Phone #

CR20040 (7/96)