1063

APPLICATION FOR;
REINSTATEMENT

FLORIDA DEPARTMENT CATE

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Vision of Columnia

DOCUMENT # **P94000012**

1. Corporation Name

SEASCAPE LAWN AND LANDSCAPE, INC.

| Principal | Place | of Bus | siness |
|-----------|-------|--------|--------|

Mailing Address

103 CLAIRBOURNE AVENUE -SATELLITE BEACH FL 32937 US 103 CLAIRBOURNE AVE SATELLITE BEACH FL 32937

US

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

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SECRETARY ST STATE TAULAHASSEE, FLORIDA



| Suite, Apt. #, etc. Suite, Apt. | | | New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State | | Date Incorporated or Qualified To Do Business in Florida 02/14/1994 | | | |
|--|--|-----------------------------|--|---|---|----------------------|--|--|
| | | <u> </u> | | | 5. FEI Number Applied F Not Applied F | | | |
| | | City & State | | | | | | |
| Zip | | Country | Zip | | Country | 6. CERTIFICATE | | Additional Fee required Certificate of Status |
| 7. Names | and Street Ad | dresses of Each Officer ar | d/or Director (Flo | rida nonpro | fit corporations must list at le | ast 3 directors) | | |
| Title(s) | Fitte(s) Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | | City / State / Zip | | |
| ₽. | PEEK, RICKY W | | 103 CLAIRBOURNE AVENUE | | SATELLITE BEACH FL | | | |
| | | | | | <u> </u> | | · | |
| | | <u></u> | | | 25 | 9 | 000046794 -11/14/0101 ****150.00 | \$195 090-012 |
| | | | | | | | ****!30.00 | *****!:50.00 |
| | | | | | | | | |
| | | | | | | | ILS | |
| 8. Name and Address of Current Registered Agent | | | | 9. Name and Address of New Registered Agent | | | | |
| DEEN | DICKY W | | | | Name | | | |
| PEEK, RICKY W 103 CLAIRBOURNE AVE SATELLITE BEACH FL 32937 | | | Street Address (| Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. | | | | |
| | | | Suite, Apt. #, Etc | | | | | |
| | | | | | City | | State 2 | lip Code |
| 10L.beino | appointed th | e registered agent of the a | hove named corn | oration am i | amiliar with and accept the c | phligations of Secti | | |

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 filling 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

REGISTERED AGENT MUST SIGN

10-18-01

3217734096

Daytime Phone #

To,