PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 14 PM 12:22

DOCUMENT # **P94000060969**

1. Corporation Name

SEABOARD MARINE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8050 N.W. 79TH AVENUE MIAMI FL 33166	~~8050 N.W. 79TH AVENUE~~ ~~MIAMI FL 33166~~

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.	9000 West 67th Street ~~Suite, Apt. #, etc.~~
City & State	City & State: Shawnee Mission, KS
Zip / Country	Zip: 66201 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/18/1994

5. FEI Number: 65-0526653 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BRESKY, H.H.	~~200 BOYLSTON STREET~~ 822 Boylston St., Ste 301	~~CHESTNUT HILL MA 02167~~ Newton, MA 02467
V	~~RODRIGUES,KE~~ Becker, David	9000 W. 67TH STREET	SHAWNEE MISSION KS 66201
VT	STEER, ROBERT	9000 W 67TH ST	SHAWNEE MISSION KS
P	LYNCH, JOHN	8050 NW 79TH AVE	MIAMI FL 33166
S	TUTUN, MARSHALL L	ONE POST OFFICE SQUARE	BOSTON MA 02109
AS	BECKER, DAVID M	9000 W. 67TH STREET	SHAWNEE MISSION KS 66201

8. ~~Name and Address of Current Registered Agent~~

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500004739735--6
-12/26/01--01084--011
****750.00 FL ****750.00

CR2E040 (8/01)

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 _____ Date December 7, 2001
REGISTERED AGENT MUST SIGN

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: _____ Robert Steer - Vice President (913) 676-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #