

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000074792

**1. Corporation Name**

SEAGROVE INVESTMENTS, INC.

**2. Principal Office Address**

8203 N. LAGOON DRIVE

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

Zip 32408

Country

BAY

**3. Mailing Office Address**

3567 E. CO. HWY. 30-A

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

Zip 32459

Country

WALTON

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/07/1994

SP

**5. FEI Number**

59-3315564

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

LYNN P. MUNYON

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

8203 N. LAGOON DRIVE

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32408

**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

*Lynn P. Munyon*

REGISTERED AGENT MUST SIGN

Date

**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	LYNN P. MUNYON	8203 N. LAGOON DRIVE	PANAMA CITY BEACH, FL 32408

**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

12-18-00

Date

850-231-1440

Daytime Phone #