

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000000154

1. Corporation Name

SEA BREEZE HOMES, INC.

Principal Place of Business

5005 26TH AVE WEST
BRADENTON FL 34209
US

Mailing Address

5005 26TH AVE WEST
BRADENTON FL 34209
US

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

2. New Principal Office Address, If Applicable

3722 45th St E

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34208

Country

Monika

3. New Mailing Office Address, If Applicable

3722 45th St E

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34208

Country

Monika

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1994

5. FEI Number

65-0546745

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
PS	CORIGLIANO, KENNETH D	5005 26TH AVE W	BRADENTON FL 34209
VPT	CORIGLIANO, AMIEE	5005 26TH AVE W	BRADENTON FL 34209
D	CORIGLIANO, KENNETH K	5005 26TH AVE W	BRADENTON FL 34209

500019681685
05/21/03--01062--004 **150.00

8. Name and Address of Current Registered Agent

CORIGLIANO, KENNETH D.
5005 26TH AVE WEST
BRADENTON FL 34209

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. or 617.0505, F.S.

Signature of
Registered Agent

Kenneth D. Corigliano

REGISTERED AGENT MUST SIGN

Date

4-28-03

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:

Kenneth D. Corigliano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)