

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

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

DOCUMENT # **P95000047625**

1. Corporation Name

SEASONS NORTH, INC.

2. Principal Office Address

1951 N MERIDIAN RD

Suite, Apt. #, etc.

APT 65

City & State

TALLAHASSEE, FLA

Zip

32303

Country

USA

3. Mailing Office Address

1951 N MERIDIAN RD

Suite, Apt. #, etc.

APT 65

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

REINSTATEMENT 96-02

4. Date Incorporated or Qualified To Do Business in Florida

6/19/95

5. FEI Number

59-3320981

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

VALERIE S. SACKETT

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

1951 N MERIDIAN RD

Suite, Apt. #, Etc.

APT 65

City

TALLAHASSEE

State

FL

Zip Code

32303

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

Valerie S. Sackett

REGISTERED AGENT MUST SIGN

Date **3-12-02**

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
P/S/T	VALERIE S. SACKETT	1951 N MERIDIAN RD APT 65	TALLAHASSEE, FL 32303

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04/02/02 01030 002
***1650.00 ***1650.00

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: *Valerie S. Sackett*
VALERIE S. SACKETT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02 **850-933-5154**
Date Daytime Phone #

CR2E081 (9/01)