

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000050689**

1. Corporation Name

SEAVIEW REALTY I, INC.

Principal Place of Business

314 E. ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

Mailing Address

314 E. ROYAL POINCIANA PLAZA
PALM BEACH FL 33480



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

2. New Principal Office Address, If Applicable

~~169 BRADLEY PLACE~~
Suite, Apt. #, etc. ~~#2~~

3. New Mailing Office Address, If Applicable

~~169 BRADLEY PLACE~~
Suite, Apt. #, etc. ~~#2~~

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/1995

5. FEI Number

65-0590883

Applied For

Not Applicable

City & State ~~Palm Beach Fla~~

City & State ~~Palm Beach Fla~~

Zip ~~33980~~ Country ~~Palm Bch~~

Zip ~~33980~~ Country ~~Palm Beach~~

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	LEBEDEKER, JANET B	314 E. ROYAL POINCIANA PLAZA 169 BRADLEY PLACE	PALM BEACH FL 33480

000023993680

10/21/03--01161--004 **750.00

8. Name and Address of Current Registered Agent

LEBEDECKER, JANET B.
314 E. ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

~~Same~~

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

Janet B. Lebedeker

Date

10-15-2003

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:

Janet B. Lebedeker
10-15-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-
655-7000

CR2E049 (7/03)