

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 19 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000087404**

1. Corporation Name

**SEA GUARD HOLDINGS CORP.**

Principal Place of Business

Mailing Address

6800 S.W. 40TH ST.  
#387  
MIAMI FL 33155

6800 S.W. 40TH ST.  
#387  
MIAMI FL 33155

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/01/1996

5. FEI Number

65-0646485

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PAZOS, CARLOS M.	6800 SW 40TH ST., #387	MIAMI FL

700002696067--7  
-11/25/98--01004--016  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAZOS, CARLOS M.  
520 BILTMORE WAY  
CORAL GABLES FL 33134

Name

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

10840 S.W. 113th PLACE

Suite, Apt. #, Etc.

City

MIAMI, FL

State

FL

Zip Code

33176

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

*Carlos M. Pazos*

REGISTERED AGENT MUST SIGN

Date

11/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax)

12. 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:

*Carlos M. Pazos, Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/98

Daytime Phone #

(305) 4431919

CR2E040 (9/98)

20f2

**CARLOS M. PAZOS, C.P.A., P.A.**

*Certified Public Accountant*  
10840 S.W. 113<sup>th</sup> Place  
Miami, Florida 33176-3227  
Tel.: 305.443.1919 Fax: 305.443.1119  
[cpamiami@compuserve.com](mailto:cpamiami@compuserve.com)

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November 16, 1998

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Sea Guard Holdings Corp.**  
**Doc. No. P95000087404**

Sir/Madam:

We are in receipt of your Notice of Administrative Dissolution of the above referenced corporation.

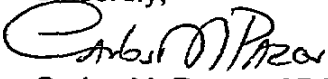
Please note that I was formerly a member in a Florida partnership, which dissolved in November, 1997. Although not an amicable separation, it was agreed that my correspondence would be forwarded to my new office or I would be advised there was mail to pick up. I am aware that your agency sends out the annual reports in November and I did receive annual reports for other clients, however, the annual report for Sea Guard was not enclosed.

Although it is unclear if the failure to include Sea Guard's annual report was intentional or not, I hereby request that the late filing/reinstatement fee be waived for this client.

I have enclosed the Application for Reinstatement and a check in the amount of \$150 for processing the report.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely,

  
Carlos M. Pazos, CPA