

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 PM 6:47

DOCUMENT # **P95000090477**

1. Corporation Name

SEALED SHORES, INC.

Principal Place of Business

Mailing Address

% MANATEE SUITES
3167 SOUTH ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127

% MANATEE SUITES
3167 SOUTH ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127



REINSTATEMENT 01

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		4. Date Incorporated or Qualified To Do Business in Florida 11/29/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3344810	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	HAKEEM, MOHAMED	3167 S. ATLANTIC AVENUE	DAYTONA BEACH SHORES FL 32118
T	HAKEEM, F. CECILIA	3167 S. ATLANTIC AVENUE	DAYTONA BEACH SHORES FL 32118

180004661251--0
-10/31/01--01061--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAKEEM, F. CECILIA
% MANATEE SUITES
3167 SOUTH ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32127

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.

AD

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

386-
261-1121
Daytime Phone #

CR2E040 (8/01)