

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000059633

1. Corporation Name

SEACRIS ENTERPRISE, INC.

Principal Place of Business

111 NW 2ND ST  
FORT LAUDERDALE FL 33305  
US

Mailing Address

206 NW 1ST AVE.  
FORT LAUDERDALE FL 33301  
US

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

2. New Principal Office Address, if Applicable

1917 Harrison Street  
Suite 550

City & State  
Hollywood, FL

Zip Country  
33020 USA

3. New Mailing Office Address, if Applicable

1917 Harrison Street  
Suite 550

City & State  
Hollywood, Florida

Zip Country  
33020 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1996

6. FBI Number

65-0707536

Applied For

Not Applicable

5. 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	McFARLANE, SEAN	111 NW 2ND ST	FORT LAUDERDALE FL 33301
VP	McFARLANE, CHRIS J	111 NW 2ND ST	FORT LAUDERDALE FL 33301
S	MALCOLM, CATHERINE	111 NW 2ND ST	FT LAUDERDALE FL 33301
T	MALCOLM, DESMOND	111 NW 2ND ST	FT LAUDERDALE FL 33301

800008605226

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8. Name and Address of Current Registered Agent

McFARLANE, SEAN  
111 NW 2ND ST  
FT LAUDERDALE FL 33305

9. Name and Address of New Registered Agent

Name Christopher McFarlane

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

1917 Harrison Street

Suite, Apt. #, Etc.  
Suite 550

City  
Hollywood

State

Zip Code

FL

33020

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

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(9)(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:

McFarlane, President, Christopher McFarlane

Date

10/22/2002 954-920-2822

Daytime Phone #



An Urban Development Company

October 23, 2002

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

Via Federal Express to: Division of Corporations  
409 E Gaines St  
Tallahassee, FL 32399

Dear Division of Corporations,

Attached is an application for corporate reinstatement for Seacris Enterprise, Inc. (FEI # 65-0707536), together with the annual application fee for \$150. I hereby request your consideration in waiving the penalty fee for non timely filing because of the following:

- ☐ Corporate business and mailing address was changed to:

1917 Harrison Street  
Suite 250  
Hollywood, FL 33020

- ☐ A forwarding address was filed with the local post office.
- ☐ Our corporation did not receive the annual report from the Florida Department of State.

Thank you for your consideration. If you need additional information, please don't hesitate to contact myself, or my Executive Assistant, Beverly Wilson, at 954-920-2822.

Sincerely,

Chris McFarlane  
President

Attachments

CM/bw