2000 UNIFORM BU	JSINESS REPORT (UBR)
DOCUMENT # P970	
Seaside Con	mmunications, Ine,
Principal Place of Business 6855 SW Wood Palm City, FL	dhine Way 34990
2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Āpt. #, etc.
City & State	City & State

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Seaside Communications, Inc. Principal Place of Business 6855 SW Woodbine Way Palm City, FL 34990				FILED OI JAN 24 AM II: 18 SECRETARY OF STATE TALLAHASSEE FLORIDA									
							Principal Place of Business 3. Mailing Address				•		
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE								
City & State		City & State			4. FEI Number Applied For Not Applicable Not Applicable	<u> </u>							
Zip Country		Zip	p Country		5. Certificate of Status Desired								
· '	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Registered Agent]							
Sur		0.11	Ni	ame									
SUZANNE CROUCH 6855 SW Woodbine Way Palm City, FL 24990			St	Street Address (P.O. Box Number is Not Acceptable)									
000	Las City FL	,											
rai	349	790	C	ty	FL Zip Code								
8. The above	named entity submits this statement for	or the purpose of changing its	s registered of	fice or register	red agent, or both, in the State of Florida.								
CICNIATUDE													
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Age	nt signature required	d when reinstating) DATE								
Tax filing re	ration is eligible to satisfy its intangible equirement and elects to do so. ia on back)	FILE NOW After MAY 1, 2 Make Check Paya	·特别的社会。在14年的社会的社会。	be \$550.00	makement indiction in Added to 1999	-							
11.	OFFICERS AND	DIRECTORS	I 12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	J _							
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indicated of the corr	on this report or supplemental report i	s true and accurate and that owered to execute this repor	my signature t as required t	snali nave ine	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 11 or Block 12 if								

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01 Date

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November 17, 2000

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

To whom it may concern:

I am the SVD and registered agent of Seaside Communications, Inc. I am writing in reference to Document #P97000015813. This Certificate of Administrative Dissolution or Revocation was issued September 22, 2000. The reason listed was failure to file the 2000 corporation annual report with the annual fee.

The corporate report was mailed to your office along with the annual fee on March 7, 2000. The check never cleared the bank. Seaside Communications is a very small home based business and the reinstatement fee of \$750.00 is more than our profit for the year. I called your office and explained that the check was mailed prior to the deadline and they suggested that I write and explain the situation and ask for a waiver.

I am requesting that you grant a one-time waiver of the reinstatement fee. I sincerely would appreciate this consideration and will mail the report and annual fee to you via certified mail to insure that it reaches your office.

Thank you for this consideration.

Sincerely,

Suzanne J. Crouch

Seaside Communications, Inc. ·

6855 SW Woodbine Way

Palm City, FL 34990

561-287-3588