

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 13 PM 2:58

DOCUMENT # P97000042807

1. Corporation Name

SEA BREEZE HOMES & CONSTRUCTION OF MANATEE CO., INC.

Principal Place of Business

Mailing Address

5005-26TH AVE. WEST
BRADENTON FL 34209

5005-26TH AVE. WEST
BRADENTON FL 34209

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

3722 45th St E

3722 45th St E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bradenton FL

Bradenton FL

Zip

Country

Zip

Country

34208

Manatee

34208

Manatee

4. Date Incorporated or Qualified To Do Business in Florida

05/12/1997

5. FEI Number

65-0766147

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PTD	CORIGLIANO, KENNETH D	5005-26TH AVE. WEST	BRADENTON FL 34209
VS	CORIGLIANO, AMIEE	5005 26TH AVENUE WEST	BRADENTON FL 34209
D	MILKS, BENJAMIN	5005 216TH AVENUE WEST	BRADENTON FL 34209
D	CORIGIANO, KENNETH K	5105 26TH AVE W	BRADENTON FL 34209

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORIGLIANO, KENNETH D
5005-26TH AVE. WEST
BRADENTON FL 34209

Name

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

3722 45th St E

Suite, Apt. #, Etc.

City

Bradenton, FL

State

Zip Code

FL

34208

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

Handwritten Signature

Date

4-28-03

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:

Handwritten Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-03 941/713-3720