

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
RESTATEMENT



FLORIDA DEPARTMENT OF
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000070124

1. Corporation Name

SEBASTIAN RIVER HOLDING CORP.

Principal Place of Business

Mailing Address

~~98 WILLARD STREET~~
~~SUITE 302~~
~~COCOA FL 32922~~

~~98 WILLARD STREET~~
~~SUITE 302~~
~~COCOA FL 32922~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

2445 NO COURTESY PKWY

MERRITT ISL FL

32953 BREUARD

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

2445 NO COURTESY PKWY

MERRITT ISL FL

32953 BREUARD

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1997

5. FEI Number

59-3464411

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SEBASTIAN, THOMAS C	16298 MAIN AVENUE	PRIOR LAKE MN 55372

700002796697--0
-03/05/99-01117-013
****500.00 ****300.00

12/1/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDMAN, MITCHELL S
98 WILLARD STREET
SUITE 302
COCOA FL 32922

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/18/94

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:

THOMAS C. SEBASTIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/98

407-453-6844
Daytime Phone #

CR2E040 (9/98)

(2)

SPACE COAST AUTO PLAZA, INC.
2445 NO. COURNTENAY PKWY.
HEBRITT ISLAND, FL 32953
PH: 407-453-6844
FAX: 407-453-3047

February 26, 1999

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

To Whom It May Concern:

We apologize in our inaccurate performance of our duties to the State of Florida for filing applications for reinstatement of corporations. These documents were sent to the agent in charge and we did not inform the state of the new mailing address. The documents were then forwarded to our out of state accountant and he was unaware of what to do with them.

This matter was finally brought to my attention and a speedy rectification of this problem is, I assure you, underway.

I talked to an agent in your office on 2/26/99 and she understood my situation. She told me to fill out forms completely and enclose a check for \$600.00 and this would take care of this.

Again, my deepest apology and this will not happen again.

Sincerely,

Thomas C. Sebastian
President

