JAN. 23. 2004 1:01PM CORPORATION SVC CO NO. 267 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JAN 23 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070124

1. Corporation Name
SEBASTIAN RIVER HOLDING CORP.

REINSTATEMENT 0004

2. Principal Office Address	3. Mailing Office Address
2445 N. COURTENAY PKWY	2445 N. COURTENAYPKWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MERRITT ISLAND, FL.	City & State: MERRITT ISLAND, FL.
Zip: 32953 Country: USA	Zip: 32953 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/12/97

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. Name and Address of Current Registered Agent

Name: THOMAS C. SEBASTIAN

Street Address (P.O. Box Number is Not Acceptable): 1451 GRAND CAYMAN DRIVE

Suite, Apt. #, Etc.:

City: MERRITT ISLAND State: FL Zip Code: 32952

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Thomas C Sebastian Date: 01/23/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	THOMAS C. SEBASTIAN	1451 GRAND CAYMAN DR.	MERRITT ISLAND, FL. 32952

10. 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 pres 01/23/04 321-453-6844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(H97000016429 3)

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

SEBASTIAN RIVER HOLDING CORP.

Certificate of Status	0
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