

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 14 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97 0000 74936

1. Corporation Name

Seacoast Equity Management, Inc

2. Principal Office Address - No P.O. Box #

5550 W. Executive Dr

3. Mailing Office Address

same

Suite, Apt. #, etc.

#320

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33609

Country

USA

Zip

Country

300175652733
04/14/10--01002--005 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/1997

5. FEI Number

59-3464224

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

Lynne Walden

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

777 S. Harbor Island Blvd

Suite, Apt. #, Etc.

Suite 175

City

Tampa

State

FL

Zip Code

33602

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

4/9/10

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
<u>D</u>	<u>Don Jowdy</u>	<u>12001 Middlebury Dr</u>	<u>Tampa FL 33626</u>
<u>D</u>	<u>Fred Karam</u>	<u>17 Gate Post Lane</u>	<u>Woodbury, CT 06798</u>

10. E-mail Address: SWRIGHT@SEACOASTEQTY.COM

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/10 813 963 0502

Date

Daytime Phone #