

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 28 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000062786

1. Corporation Name

SEAPORT RETAIL SHOPS, INC.

Principal Place of Business

Mailing Address

4627 PONCE DE LEON BLVD., SECOND FLOOR  
CORAL GABLES FL 331464627 PONCE DE LEON BLVD., SECOND FLOOR  
CORAL GABLES FL 33146

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

2. New Principal Office Address, If Applicable

PETER HADJIDAKIS

Suite, Apt. #, etc.

199 SW 12 AV. #2

City &amp; State

MIAMI FL

Zip 33130

Country

3. New Mailing Office Address, If Applicable

SEAPORT RETAIL SHOPS INC.

Suite, Apt. #, etc.

199 SW 12 AV. #2

City &amp; State

MIAMI FL

Zip 33130

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/14/1998

5. FEI Number

65-0934267

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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	City / State / Zip
1	2	3	4
DP	HADJIDAKIS, PETER E	4627 PONCE DE LEON BLVD., SECOND	CORAL GABLES FL 33146
		199 SW 12 AV. #2	MIAMI FL 33130

600003088276--9  
-01/05/00--01009--009  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

GAULKIN, JOEL M ESQUIRE  
4627 PONCE DE LEON BLVD., SECOND FLOOR  
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

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

12/27/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE