

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 26 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000083526

1. Corporation Name

SEA ME GROW, INC.

2. Principal Office Address

3. Mailing Office Address

2133 N. Dixie Highway

Suite, Apt. #, etc.

City & State

City & State

Wilton Manors FL

Zip

Country

Zip

Country

33305

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/28/98

5. FEI Number

65-0900265

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

Frank Hughes

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

2133 N. Dixie Highway

Suite, Apt. #, Etc.

City

Wilton Manors

4000003247464-1

-05/11/00--01009--014

*******900.00 *****900.00**

FL 33305

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 **04-20-00**

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	William S. Ellis	3050 N.E. 47th Ct., #608	Ft. Lauderdale, FL 33308
VP, S, T	Frank Hughes	2632 N.E. 33rd St.	Ft. Lauderdale, FL 33306

LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Frank Hughes)

Date

Daytime Phone #

CR2E081 (9/99)