

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -6 AM 10: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085446

1. Corporation Name

SEA COMP INTERNATIONAL, INC.

Principal Place of Business

18241 RIVER OAKS TERRACE
JUPITER FL 33458

Mailing Address

18241 RIVER OAKS TERRACE
JUPITER FL 33458

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 1740
JUPITER, FL
33468-1740 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1998

5. FEI Number

66-0867890

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

99

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD, ST	MERTEN, DON	18241 RIVER OAKS TERRACE	JUPITER FL 33458
VD	ARMAND, DIDIER	18241 RIVER OAKS TERRACE	JUPITER FL 33458
ST	MERTEN, GEORGIA	18241 RIVER OAKS TERRACE	JUPITER FL 33458
			800003070438--3 -12/15/99--01014--006 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: RONALD E. JONES
Street Address (P.O. Box Number is Not Acceptable): 1610 SOUTHERN BLVD
Suite, Apt. #, Etc.:
City: WEST PALM BEACH State: FL Zip Code: 33406

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12/1/99

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.

KE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/99

Date

561-346-9222
Daytime Phone #