

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 24 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *Sea horse Communities, INC.*
PA8000090643

1. Corporation Name

2. Principal Office Address

9650 W. Terry St.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL.

City & State

FL.

Zip

34135

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 23, 1998

5. FEI Number

593606683

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

Steve Bacardi

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

4099 E. 1st Ave 9650 W. Terry St.

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34135

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

Steve Bacardi

Date

4/17/00

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
<i>Pres.</i>	<i>Steve Bacardi</i>	<i>9650 W. Terry St.</i>	<i>Bonita Springs, FL 34135</i>
<i>V.P.</i>	<i>"</i>	<i>"</i>	<i>"</i>
<i>Secy</i>	<i>"</i>	<i>"</i>	<i>"</i>
			<i>900003230279-7</i>
			<i>-05/01/00-01005-029</i>
			<i>****900.00 ****245.00</i>
			<i>900.00</i>
			<i>SA20</i>
			KE

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:

Steve Bacardi

STEVE BACARDI

4/17/00

941-9475898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/99)