

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 28 PM 12:45

DOCUMENT # *P99000009285*

1. Corporation Name

2002 Sebastian, Inc.

400156508524
05/28/09--01006--017 **1050.00

REINSTATEMENT *03-09K5*

2. Principal Office Address - No P.O. Box #
937 Barefoot Blvd.

3. Mailing Office Address
937 Barefoot Blvd.

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Barefoot Bay, Florida

City & State

Barefoot Bay, FL

Zip

32976

Country

US

Zip

32976

Country

US

4. Date Incorporated or Qualified To Do Business in Florida 01-29-99

5. FEI Number
650890808

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
Lenzi, Judy

Street Address (P.O. Box Number is Not Acceptable)
1131 7th Avenue

Suite, Apt. #, Etc.
Suite A

City
Vero Beach

State
FL

Zip Code
32960

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

Judy C Lenzi

REGISTERED AGENT MUST SIGN

Date *5-19-09*

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
PD	Macht, Raymond <i>President</i>	8465 91st Ave.	Vero Beach, FL 32967
VPD	Macht, Elizabeth <i>Vice President</i>	8465 91st Ave.	Vero Beach, FL 32967

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *3-19-09* (772) 4730765
Daytime Phone #