

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -9 PM 12:49

DOCUMENT # P99000037686

1. Corporation Name
Seacoast Corporation

REINSTATEMENT 00-04

2. Principal Office Address 4700 NW Boca Raton Blvd. Suite, Apt. #, etc. Suite B-202 City & State Boca Raton, FL Zip 33431		Country Palm Beach		3. Mailing Office Address 4700 NW Boca Raton Blvd. Suite, Apt. #, etc. Suite B-202 City & State Boca Raton, FL Zip 33431		Country Palm Beach	
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4. Date Incorporated or Qualified To Do Business in Florida April 26, 1999	
5. FEI Number 57-1079007	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
David L. Hover

Street Address (P.O. Box Number is Not Acceptable)
4700 NW Boca Raton Blvd. 100038248351

Suite, Apt. #, Etc.
Suite B-202 06/24/04 01000-005 **1358 75

City
Boca Raton

State
FL

Zip Code
33431

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 [Signature] Date 6-3-2004

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
P/T/D	David L. Hover	4700 NW Boca Raton Blvd.	Boca Raton, FL 33431
VP/S/D	Brian L. Hover	4 Pensacola Place	Hilton Head, SC 29938

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] David L. Hover, President 6-3-2004 (305) 534-9519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)