

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1682

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR -5 PM 3:19

**DOCUMENT # P99000038764**

**1. Corporation Name**

**M & M Sea, Inc.**

**2. Principal Office Address**

**8865 Midnight Pass Rd.**

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

**City & State**

**Sarasota, Florida**

**City & State**

**Zip**

**34242**

**Country**

**U.S.A.**

**Zip**

**Country**

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

**4/28/1999**

**5. FEI Number**

**65-0914067**

**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**

**Anthony T. DeCrow, Jr.**

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

**8865 Midnight Pass Road**

**Suite, Apt. #, Etc.**

**City**

**Sarasota**

**State  
FL**

**Zip Code  
34242**

**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**

*Anthony T. DeCrow, Jr.*

**REGISTERED AGENT MUST SIGN**

**Date** **3/4/03**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
<b>PD</b>	<b>Anthony T. DeCrow, Jr.</b>	<b>8865 Midnight Pass Road</b>	<b>Sarasota, Florida 34242</b>

000013554520

*[Signature]*

**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:**

*Anthony T. DeCrow, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/03**

**Date**

**941-376-8865**

**Daytime Phone #**

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

2012

ACCOUNT NO. : 072100000032

REFERENCE : 954299 11186A

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 908.75

ORDER DATE : March 5, 2003

ORDER TIME : 11:36 AM

ORDER NO. : 954299-005

CUSTOMER NO: 11186A

CUSTOMER: Ms. Christine Grandalski  
Lutz, Webb & Bobo, P.a.  
2 North Tamiami Trail  
1 Sarasota Tower, Suite 500  
Sarasota, FL 34236

DOMESTIC FILINGS

NAME: M & M SEA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Hadden

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
MAR-5 PM 12:59  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA