

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000049466**

1. Corporation Name

SEAWOOD, INC.

Principal Place of Business

**4044 NE 5TH TERRACE
OAKLAND PARK FL 33334**

Mailing Address

**4044 NE 5TH TERRACE
OAKLAND PARK FL 33334**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1999

5. FEI Number

65-0924219

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HAYWOOD, A. CURT	2500 N.E. 26TH TERRACE	FT. LAUDERDALE FL
DV	SEARS, ALFRED M JR	4141 NE 29TH AVENUE	FORT LAUDERDALE FL

100024489741
11/06/03--01048--029 **158.75

8. Name and Address of Current Registered Agent

**HAYWOOD, A. CURT
4044 NE 5TH TERRACE
OAKLAND PARK FL 33334**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

A. Curt Haywood, Pres.

REGISTERED AGENT MUST SIGN

Date

11-03-03

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.

SIGNATURE:

A. CURT HAYWOOD, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-03-03

Daytime Phone #

CR2ED40 (7/03)

SEAWOOD, INC.
4044 NE 5TH TERRACE
OAKLAND PARK, FL 33334
(954) 565-5502

November 3, 2003

Division of Corporations
Annual Report
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs;

I am enclosing my reinstatement form for Seawood, Inc. Please accept my annual report fee of \$150.00 since I have never received the original paperwork for the renewal of this corporation. I have also enclosed \$8.75 for a certificate of standing should you be kind enough to accept this request.

I renewed other corporations in a timely manner but overlooked this one because of the missed paperwork.

I cannot let this be dissolved. Thank you very much for your consideration.

Sincerely,



Ellen O'Connor
Secretary to A. Curt Haywood

