

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JAN 31 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00-02

DOCUMENT # P99000058836

1. Corporation Name

SEABOARD CORPORATION
17611 SW 48 STREET
SOUTHWEST RANCHES FL 33331

700004917337--3
-02/13/02--01107--008
****450.00 ****450.00

2. Principal Office Address

17611 SW 48 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SOUTHWEST RANCHES FL

City & State

Zip

33331

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-29-99

5. FEI Number

65-0937381

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2002 VBR

7. Name and Address of Current Registered Agent

Name

MICHAEL V. LIBERATORE

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

1401 BRICKELL AVENUE

Suite, Apt. #, Etc.

300

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

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	BENTO SCANDIAN	RUA JOSE ARAUJO NOS SALA 203 ED. ISIS	SALVADOR, BAHIA BRAZIL CEP 41.635-120

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-02 (954) 434-4811

Daytime Phone #

CR2E03 (9/01)

SEABOARD CORPORATION

20x2

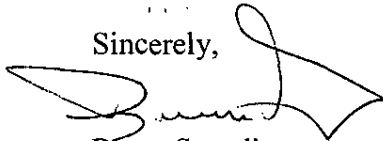
January 28, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madame:

I am enclosing a corporation reinstatement form, along with a check for \$450 to cover the yearly fees for three years. I also respectfully request abatement of the reinstatement fee. Our offices moved, and we never received the reports to file.

Sincerely,



Bento Scandian
President