

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

NOV -5 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-11/29/01--01035--011
***750.00 ***750.00

DOCUMENT # P99000075028

1. Corporation Name

Seahorse Ventures, Inc.

REINSTATEMENT

2. Principal Office Address

7196 Overseas Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

7196 Overseas Hwy

Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Marathon, FL

Zip

Country

33050 USA

Zip

Country

33050 USA

4. Date Incorporated or Qualified

To Do Business in Florida 8-23-99

5. FEI Number

65-0943420

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

Thomas D. WRIGHT

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

9711 Overseas Hwy.

Suite, Apt. #, Etc.

Suite 5

City

Marathon

State

FL

Zip Code

33050

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

Thomas D. Wright
REGISTERED AGENT MUST SIGN

Date 10/30/01

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, V, T, S, D	Klemm, Wesley C.	7196 Overseas Hwy.	Marathon, FL 33050

WJ
11/25

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:

Wesley C. Klemm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01

Date

305-743-6571

Daytime Phone #

CR25001 (9/00)