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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION REINSTATEMENT

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

DOCUMENT # P99000101685

1. Corporation Name
SEAVIEW INTERIORS OF THE EMERALD COAST, INC

2. Principal Office Address	3. Mailing Office Address
8457 Navarre Pkwy.	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Navarre, FL	City & State
Zip: 32566 Country: USA	Zip: Country:

00-01

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business In Florida: 11/19/99

5. FEI Number: 59-3613387 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Kenneth R. Fountain, P.A.

Street Address (P.O. Box Number is Not Acceptable): 8855 Navarre Pkwy

Suite, Apt. #, etc.:

City: Navarre | State: FL | Zip Code: 32566

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Kenneth R. Fountain — Date: 2/20/2001

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Paula Stuckey	8371 Mercado St.	Navarre, FL 32566
VP	Brian Stuckey	8371 Mercado St.	Navarre, FL 32566

AD

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 shows have the same legal effect as if made under oath.

SIGNATURE: Paula Stuckey — 2/20/01 — 8449744427

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

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

SEAVIEW INTERIORS OF THE EMERALD COAST, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$908.75