

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 22 AM 8:00

DOCUMENT # P9900D101685

1. Corporation Name

Seaview Interiors of the Emerald Coast,
Inc.

REINSTATEMENT 02-03

200023248512
09/22/03--01101--001 **908.75

2. Principal Office Address

8768 Navarre Pkwy
Suite, Apt. #, etc.

3. Mailing Office Address

same
Suite, Apt. #, etc.

City & State

Navarre, FL

City & State

Zip

32566

Country

USA

Zip

Country

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 ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paula Stuckey

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

8371 Mercado St.

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

MRI

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

Paula Stuckey

Date

9/19/03

REGISTERED AGENT MUST SIGN

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
PD	Paula Stuckey	8371 Mercado St.	Navarre, FL 32566
VP	Brian Stuckey	8371 Mercado St.	Navarre, FL 32566

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)(l), 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:

Paula Stuckey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/03 (850)939-4625

Date

Daytime Phone #

CR2E081 (10/02)