

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P99000111757

1. Corporation Name

SEACRIS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~205 NORTHWEST 1ST AVENUE SUITE B~~  
~~FORT LAUDERDALE FL 33111~~

~~205 NORTHWEST 1ST AVENUE SUITE B~~  
~~FORT LAUDERDALE FL 33111~~



FILED  
01 NOV -5 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

REINSTATEMENT

01

2. New Principal Office Address, If Applicable

1917 Harrison Street

Suite, Apt. #, etc.

Suite 550

City & State  
Hollywood, FL

Zip Country  
33020 USA

3. New Mailing Office Address, If Applicable

1917 Harrison Street

Suite, Apt. #, etc.

Suite 550

City & State  
Hollywood, FL

Zip Country  
33020 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2000

5. FEI Number

65-0971155

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
PSTD	McFARLANE, CHRISTOPHER J	<del>205 NORTHWEST 1ST AVENUE SUITE B</del> 1917 Harrison Street	<del>FORT LAUDERDALE FL 33111</del> Hollywood, FL 33020
			800004699098--4 -11/29/01--01072--026 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Christopher McFarlane

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

1917 Harrison Street

Suite, Apt. #, Etc.

1 Suite 500

City  
Hollywood

State  
FL

Zip Code  
33020

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.

Signature of  
Registered Agent

*CMcFarlane*

REGISTERED AGENT MUST SIGN

Date

10/31/01

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.

R. VARNADORE NOV 28 2001

SIGNATURE:

*CMcFarlane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/01 954-920-2822

Date

Daytime Phone #

CR2E040 (8/01)