PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 SEP -8 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S49518

1. Corporation Name SEAL VAN LINES, INC

Principal Place of Business
2700 SE MARKET PL
Suite 10
Stuart FL 34997

Mailing Address
156 SW Bowden AV
Port St. Lucie FL 34953

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

**REINSTATEMENT** 97-98

2. New Principal Office Address, If Applicable
2700 SE MARKET PL
Suite, Apt. #, etc. 10
City & State Stuart FL
Zip 34997 Country USA

3. New Mailing Office Address, If Applicable
156 SW Bowden AV
Suite, Apt. #, etc.
City & State Port St. Lucie FL
Zip 34953 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/92

5. FEI Number 650370704 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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| Pres Sec Treas | HAROLD SEAL, JR | 156 SW Bowden AV | Port St. Lucie FL 34953 |

200002639132--4
-09/15/98--01006--013
****900.00 ****900.00

8. Name and Address of Current Registered Agent
HAROLD SEAL JR
156 SW Bowden AV
Port St. Lucie, FL 34983

9. Name and Address of New Registered Agent
Name HAROLD SEAL JR
Street Address (P.O. Box Number is Not Acceptable) 156 SW Bowden AV
Suite, Apt. #, Etc.
City Port St. Lucie State FL Zip Code 34953

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 [signature] REGISTERED AGENT MUST SIGN Date 9.2.98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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:** [signature] HAROLD SEAL JR 9.2.98 561-220 3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)