

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S49518**

1. Corporation Name

SEAL VAN LINES, INC.

Principal Place of Business

Mailing Address

2750 CENTER RD.
FT. PIERCE FL 34946

2750 CENTER RD.
FT. PIERCE FL 34946

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1991

5. FEI Number

65-0270704

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	SEAL, HAROLD JR.	156 SW BOWDEN AVE	PORT ST LUCIE FL 34953

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEAL, HAROLD JR.
156 S.W. BOWDEN AVENUE
PORT ST. LUCIE FL 34956

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-10-03**

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.

SIGNATURE:

[Signature] HAROLD SEAL JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-03

Date

772 468 6666

Daytime Phone #

CR2E040 (7/03)

SEAL VAN LINES

"DEDICATED TO WORLDWIDE PREMIUM SERVICE"



Kathrin Sutphin

Thank you for your time the other day

As I said I do not any previous copies
of mentioned forms in our office.

Please find application and a check
for 150⁰⁰.

Thank you once again.

Heidi Seely

Corporate Offices
2750 Center Road • Ft. Pierce, Florida 34946