

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **S77198**

1. Corporation Name

**SEESURRUN INC.**

Principal Place of Business

1120 FLORIDA AVENUE  
SANFORD FL 32773

Mailing Address

~~G/O ATTWOOD PHILLIPS INC.~~  
~~P.O. BOX 1300~~  
~~WINTER PARK FL 32780-1300~~  
~~US~~

**FILED**  
97 APR 23 AM 6:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**REINSTATEMENT**

46-97  
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

1120 Florida Avenue

Sanford FLA

32773 USA

4. Date Incorporated or Qualified To Do Business in Florida

08/29/1991

5. FEI Number

59-3107739

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SEESURRUN, RAJENDRA K.	1120 FLORIDA AVENUE	SANFORD FL
D	SEESURRUN, ONIANUM B.	1120 FLORIDA AVENUE	SANFORD FL
VP	Joachim, Sebba	1120 Florida Avenue	Sanford FL 32773
			300002158003--7 -04/29/97--01051--019 ****923.75 ****923.75

8. Name and Address of Current Registered Agent

ATTWOOD PHILLIPS INC.  
1350 ORANGE AVE.  
STE. 100  
WINTER PARK FL 32790

9. Name and Address of New Registered Agent

Name **PAUL V MOYER ESQUIRE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2627 West State Road 434**  
Suite, Apt. #, Etc.  
City **LONGWOOD** State **FL** Zip Code **32779**

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

4/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Sebba Joachim

4/16/97

Date

407)682-7107  
Daytime Phone #

CR20040 (7/96)