

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V02380

FILED
Apr 07, 2006
Secretary of State

Entity Name: SEABREEZE BY THE BAY, INC.

Current Principal Place of Business:

3409 CAUSEWAY BLVD.
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

4908 PALM DR.
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3103032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, DONNA
4908 PALMV02380 DR.
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

RICHARDS, HELEN
4908 PALMV02380 DR.
TAMPA, FL 33619 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HELEN RICHARDS

04/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICHARDS, HELEN C.,
Address: 7101 49TH AVE S
City-St-Zip: TAMPA, FL

Title: VP (X) Delete
Name: RICHARDS, DANNY T
Address: 4908 PALM DR.
City-St-Zip: TAMPA, FL 33619

Title: CEO () Delete
Name: RICHARDS, ROBERT S
Address: 7109 49TH AVE S
City-St-Zip: TAMPA, FL 33619

Title: BPD (X) Delete
Name: RICHARDS, DONNA R
Address: 4908 PALM DR.
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: RICHARDS, ROBERT S
Address: 7101 49TH AVE .SO.
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN RICHARDS

D

04/07/2006

Electronic Signature of Signing Officer or Director

Date