PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

		7122 1110	THOO TIONS BET ONE	COMPLE	IING I HIS FURI	VI.
AP	PLICATION	FLORID	A DEPARTMENT OF STAT	E		
FOR Jim Smith Secretary of State				ÄLED		
HEIN	NSTATEMENT (7174	Secretary of State		المناسبة الماسبة	
	SUMENT # V102 ration Name		02 NOV -6 AM 9: 22			
A-1 SEAWALLS, INC.					SECRETARY OF STA	TE HDA
	,			1170	SECRETARY OF STA 別位出資管包管學 5/02—01737—012	51.9 **ISO.00
Principal Place of Business Mailin			ress	-		7 1 100 1 00
	INYBROOK CT RAL FL 33904		5148 SUNNYBROOK CT CAPE CORAL FL 33904			
lf abo∳e a	addresses are incorrect in any way, line th	rough incorrect i	information and enter correction below.			
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida O410044000		
Suite, Apt.	Suite, Apt. #, etc.		, etc.	5. FEI Numbe)1/29/1992
.City & State		City & State		1	65-0316432	Applied For Not Applicable
Zip	Country	Zip	Country	1	E OF STATUS DESIRED	3.75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer and	/or Director (Flo	· · · · · · · · · · · · · · · · · · ·			
Title(s)	tte(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
PS	SOUTHWICK, DAVID		5148 SUNNYBROOK CT		CAPE CORAL FL 33904	
			-	<u></u>		
				 		
	8. Name and Address of Current I	Registered Age	nt .	9. Name and A	ddress of New Registered	Agent
Name					The state of their Hogistered	Agent
SOUTHWICK, DAVID 5148 SUNNYBROOK CT CAPE CORAL FL 33904 Suite, Apt. #, Etc.				P.O. Box Number is Not Acceptable)		
10 boins	appointed the resistant and the	 			FL	
Signature of Registered A	Igent A Julius	TURE	REQUIRED	oligations of Section	on 607.0505, F.S. or 617.050 Date //~/~C	
** 1	MC	GIOTERED AGE	INT MUST SIGN			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-02 239.910-0217

To WHOM IT MAY Concern

I Just Receved This in the MAIL AND DO.

NOT NO WHY I HAVE Received The other Notice

But I CALL And the woman Said It would be
oke to Send in. I HAVE MARKED This on MY

CALENdar for NEXT YEAR

Thank you very much

DAVID Southwick

Daytime # 239-910-0217

A.