

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR -7 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24306

1. Corporation Name

404 SEASPRAY CORP.

2. Principal Office Address

c/o Edwards & Angell, LLP
250 Royal Palm Way, Ste. 300
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Beach FL

Zip

33480

Country

Palm Beach

City & State

FL 33480

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/27/92

5. FEI Number

65-0320998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

05-07

7. Name and Address of Current Registered Agent

Name

Angell Corporate Services, Inc.

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

250 Royal Palm Way, Ste. 300

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jonathan E. Cole, President

REGISTERED AGENT MUST SIGN

Date Feb. 27, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D,P,
S,T

Kessenich, Mark F.

250 Royal Palm Way, Ste. 300 Palm Beach FL 33480

10. 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

Feb. 27, 2001 561-833-7700

Date

Daytime Phone #

CR2E081 (9/00)