

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000021453

1. Limited Liability Company's Name

Seide Management, LLC

2. Principal Office Address - No P.O. Box #

2630 S. Peninsula Drive

Suite, Apt. #, etc.

3. Mailing Office Address

2630 S. Peninsula Drive

Suite, Apt. #, etc.

City & State

Daytona Beach Shores, FL

City & State

Daytona Beach Shores, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

8. Name and Address of Current Registered Agent

Name **Bradford B. Gornto, Esq.**

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

444 Seabreeze Boulevard

Suite, Apt. #, Etc.

Suite 200

City

Daytona Beach

State

FL

Zip Code

32118

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **03/04/2009**

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

hanscyseide@hotmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date **3/16/2012**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Hanscy Seide	2630 S. Peninsula Drive	Daytona Beach Shores, FL 32118

REINSTATEMENT

10-12

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **3/16/2012**

Daytime Phone # **386-257-1899**

Typed or printed name of signing Managing Member/Manager **Hanscy Seide, Manager**