


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 AUG 18 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000028036

1. Limited Liability Company's Name
SEASIDE WATER LLC

2. Principal Office Address - No P.O. Box # 19227 FISHER ISLAND DR		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State	
Zip 33109	Country	Zip	Country

CR2EC41 (1/14)

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 02/09/2016	
6. FEI Number 32-0487634	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
R & P ACCOUNTING & TAXES, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,
150 SE 2nd AVE

Apt. #, Etc
SUITE 404

City MIAMI	State FL	Zip Code 33131
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08/19/20--01001--014 **125.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 8/14/2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	UNIQUE SOUND LIMITED	TRINITY CHAMBERS, P.O. BOX 4301	ROAD TOWN, TO 1110 BV
REINSTATEMENT			AUG 18 2020
			R. HUNT

11. E-mail Address: arodriguez@rpaccounting.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member [Signature] Date 8/14/2020 Daytime Phone # 954-309-6707

Typed or printed name of signing authorized representative/member Guilherme Rache Humburg