

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L0000004258

03 JAN 14 PM 4:50

SECRETARY OF STATE TALLAHASSEE FLORIDA

1. DOCUMENT # L0000004258

Name and Mailing Address

0001231 01 FP 0.352 **PRSRT T4 0 0615 33021-332010



DS SEA OAKS HOLDINGS, LLC 2110 N. 55TH AVENUE HOLLYWOOD FL 33021-3320

MJH



114 2002

CR2E084 (8/02)

2. New Mailing Address 1915 N 54 AVENUE City: State, Zip Hollywood, FL 33021		4. State/Country of Formation FL	
Principal Place of Business 2110 N. 55TH AVENUE HOLLYWOOD FL 33021-3320		5. Date Organized or Qualified To Do Business in Florida 04/10/2000	
3. New Principal Place of Business Address 1915 N 54 AVE City, State, Zip Hollywood, FL 33021		6. FEI Number 61-142 992 1 APPLIED FOR	Applied For 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 SPRING, DOUGLAS J 2110 N. 55TH AVENUE 1915 N 54 AVE HOLLYWOOD FL 33021-3320		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400009425794 12/10/02--01007--002 **\$150.00 City FL Zip Code	
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10. 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: Douglas Spring Date: 1/7/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SPRING, DOUGLAS J MANAGER	2110 N 55 AVENUE 1915 N 54 AVE	HOLLYWOOD FL 33021

12. 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.

Signature of Managing Member/Manager: Douglas Spring Date: 12/1/02 Daytime Phone #: 954-9630340

Typed or printed name of signing Managing Member/Manager