

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS

L00000006798
FILED

1. DOCUMENT # L00000006798

Name and Mailing Address

2002 OCT 28 AM 10:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0002704 01 FP 0.352 **PRSRT T9 0 0615 33166-263201



SEASUN INVESTORS, LLC
7901 NW 67 ST
MIAMI FL 33166-2632



2. New Mailing Address

City, State, Zip

Principal Place of Business

7901 NW 67 ST
MIAMI FL 33166

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/08/2000

6. FEI Number

APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

ROTHMAN, MICHAEL ESQ
ROTHMAN & TOBIN PA
11900 BISCAYNE BLVD STE 740
MIAMI FL 33181

9. Name and Address of New Registered Agent

Name

RICARDO ORDONEZ

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

7901 NW 67 ST

City

MIAMI

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date 10-24-02

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	ORDONEZ, RICARDO	7901 NW 67 ST	MIAMI FL 33166

2000008639182
10728702--01137--010 **150.00

REINSTATEMENT

2002

JB

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

Date

10-24-02

Daytime Phone #

305 594 0415

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)