

2001

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**LIMITED LIABILITY  
COMPANY****REINSTATEMENT**

U.B.R.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

OCT 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DOCUMENT #**

L-11106

**1. Limited Liability Company's Name**Seaboard Transportation LLC  
DBA. Clematis Cab. Co.**2. Principal Office Address**

2500 E. Tamarind Av.

Suite, Apt. #, etc.

#2

City &amp; State

West Palm Beach, FL.

Zip

33407

Country

Palm Bch.

**3. Mailing Office Address**

972 Springdale Ct.

Suite, Apt. #, etc.

—

City &amp; State

Palm Springs, FL.

Zip

33461-6347 Palm Bch.

Country

**4. State/Country of Formation**

Palm Bch Co., FL.

**5. Date Organized or Qualified  
To Do Business in Florida**

Sep. 15, 2001

**6. FEI Number**

65-1039374

Applied For ..

Not Applicable.

**7. CERTIFICATE OF STATUS DESIRED ☐**\$500 Additional Fee required  
for a Certificate of Status**8. Name and Address of Current Registered Agent**

Name

DAVID LEE OWENS

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

972 Springdale Ct.

Suite, Apt. #, Etc.

City

Palm Springs

State

FL

Zip Code

33461

**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

REGISTERED AGENT MUST SIGN

Date 10-14-01

**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
MGRM	David Lee Owens	972 Springdale Ct.	Palm Springs FL 33461

**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.**Signature of  
Managing Member/Manager

Date 10-14-01

Daytime Phone # 561-718-5555

561-434-4711

Typed or printed name of signing Managing Member/Manager David L. Owens

CR2EM41 (9/01)