

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAR 21 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #L00000015836

**1. Limited Liability Company's Name**

South Seas, L.L.C.

**2. Principal Office Address**

2545 S. Atlantic Ave.

Suite, Apt. #, etc.

Penthouse 5

City & State

Daytona Beach Shores, Fl

Zip  
32118

Country  
USA

**3. Mailing Office Address**

2545 S. Atlantic Ave.

Suite, Apt. #, etc.

Penthouse 5

City & State

Daytona Beach Shores, Fl

Zip  
32118

Country  
USA

**REINSTATEMENT**

2001-2002

**4. State/Country of Formation**

Florida

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

12/20/00

**6. FEI Number**

59-3701610

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**

Name

Derek E. Bruce

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

301 East Pine Street

Suite, Apt. #, Etc.

#1400

City

Orlando

300005171073--6

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\*\*\*\*205.00 \*\*\*\*205.00

**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 March 19, 2002

**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	William A. Eadie	2545 S. Atlantic Ave. Penthouse 5	Daytona Beach Shores, Fl 32118

**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 19 MAR 02 Daytime Phone # (321) 696 1117

Typed or printed name of signing Managing Member/Manager William A. Eadie

CR2E041 (9/01)