

PLEASE READ ALL INSTRUCTIONS BEFORE COM

2008 LLC
~~APPLICATION~~
~~FOR~~
~~REINSTATEMENT~~
UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

192
FILED

2002 DEC -3 PM 12:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000016654

Name and Mailing Address

0006580 01 FP 0.352 **PRST TO C 0615 33785-259199



SEA PROPERTIES L.L.C.

512 2ND ST

INDIAN ROCKS BEACH FL 33785-2591 #3



2. New Mailing Address

512 Second St #3

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/27/2001

Principal Place of Business

512 2ND ST
INDIAN ROCKS BEACH FL 33785

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

36-4456523

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

SIEH, GREGORY M #3
512 2ND ST
INDIAN ROCKS BEACH FL 33785

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Accepted) #3

City

FL

Zip Code

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

Gregory M Sieh
REGISTERED AGENT MUST SIGN

Date 11-2-02

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

Manager
Gregory M Sieh

512 Second St #3

Indian Rocks Beach FL

900008828619 33785
11/06/02--01063--004 ** 50.00

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

Gregory M Sieh
Date 11-2-02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Gregory M Sieh

CR2E084 (8/02)

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*We did not
get the notice
Any refund?*