

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000003351

1. Limited Liability Company's Name

**Seawatch Partners, LLC**

2. Principal Office Address - No P.O. Box #

5032 Jarvis Lane

Suite, Apt. #, etc.

City & State

Naples, FL 34419

Zip

Country

34119

United States

3. Mailing Office Address

5032 Jarvis Lane

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

Country

34119

United States

8. Name and Address of Current Registered Agent

Name

Jeffrey Wood

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

5032 Jarvis Lane

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

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

DEC. 6, 2011

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
Co Mgr.	Mary Nancy Wood	5032 Jarvis Lane	Naples, FL 34419

**REINSTATEMENT** 07-11

OK 12-12-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Nancy Wood

Date

Dec 6, 2011

Daytime Phone #

239-898-2692

Typed or printed name of signing Managing Member/Manager

FILED

2011 DEC -9 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900215044789  
12/09/11--01031--022 \*\*5.00

CR2E041 (1/11)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

February 11, 2002

6. FEI Number

02-0555871

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

E-mail Address:

900215044789  
12/09/11--01031--021 \*\*793.75

Seawatch1740@gmail.com

(To be used for future annual report notices)