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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

020000017825

SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 22 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000017825

Name and Mailing Address

0001779 01 AT 0.292 **AUTO T8 0 0615 32233-411900



SEA SPRAY LLC
500 NAUTICAL BLVD. NORTH
ATLANTIC BEACH FL 32233-4119



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/15/2002	
Principal Place of Business 500 NAUTICAL BLVD. NORTH ATLANTIC BEACH FL 32233	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 55-0787187	Applied For Not Applicable
8. Name and Address of Current Registered Agent HARPSTER, TAMMY LYNN 500 NAUTICAL BLVD. NORTH ATLANTIC BEACH FL 32233		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box)			
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 <u>Tammy Harpster</u> SIGNATURE REQUIRED Date <u>10-17-03</u> REGISTERED AGENT MUST SIGN			
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	Tammy Lynn Harpster	500 Nautical Blvd N	Atlantic Beach, FL 32233

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

Tammy Harpster **SIGNATURE REQUIRED**

Date

10-17-03

Daytime Phone #

904-2476474

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)