

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L02000021130

Name and Mailing Address

0000895 01 AV 0.278 **AUTO H5 0 0615 33431-492975



SEAVIEW APARTMENTS, LLC
301 YAMATO ROAD
SUITE 1100
BOCA RATON FL 33431-4929



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 08/16/2002

Principal Place of Business
301 YAMATO ROAD !
SUITE 1100
BOCA RATON FL 33431

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
82 055 9695

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

SCHWARZ, JEFFREY G
301 YAMATO ROAD
SUITE 1100
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box) 300024588753
11/10/03--01086--011 **150.00

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 *Jeffrey G. Schwarz* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-30-03

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
MGRM	SCHWARZ, JEFFREY G	301 YAMATO ROAD	BOCA RATON FL 33431

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 *Jeffrey G. Schwarz* **SIGNATURE REQUIRED**

Date 11-3-03

Daytime Phone # 561-893-6060

Typed or printed name of signing Managing Member/Manager

JEFFREY SCHWARZ

CR2E084 (7/03)