


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000052082					
1. Entity Name SEAWIND INVESTMENTS, LLC					
Principal Place of Business 10735 NW 58 STREET MIAMI, FL 33178			Mailing Address 10735 NW 58 STREET MIAMI, FL 33178		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10202004 REIN-LLC CR2E101 (6/04)	
4. FEI Number 20-0709558				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPINOSA, MOISES C 10735 NW 58 STREET MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPINOSA, MOISES C 10735 NW 58 STREET MIAMI, FL 33178		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042077590 10/21/04--01062--009 **155.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="display: flex; justify-content: space-between;"> <div> 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. </div> <div style="text-align: center;"> <h2 style="margin: 0;">REINSTATEMENT</h2> </div> <div style="text-align: right;"> 2004 </div> </div>					
SIGNATURE: <u>Moses Espinosa</u>			10/18/04		305-574-2650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

