

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000005297

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Entity Name:** SEIVISTA, LLC

**Current Principal Place of Business:**

16520 N.W. 11TH COURT  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

16520 N.W. 11TH COURT  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FOSTER, KARLEEN  
ONE SE THIRD AVE, STE 1940  
MIAMI, FL 33131 US

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.

SIGNATURE: KARLEEN FOSTER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEE, STEPHEN  
Address: 915 SW 123RD TERR  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGR ( ) Delete  
Name: FOSTER, DERRICK JR.  
Address: 16520 NW 11TH CT  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEE, STEPHEN  
Address: 2264 NW 171 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: STEPHEN LEE

MGR

04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date