PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 16 AM 8:53

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # ~~L04000048787~~ L04000048687

1. Limited Liability Company's Name

EAST SEAS REALTY LLC

2. Principal Office Address	3. Mailing Office Address
784 U.S. Highway One	784 U.S. Highway One
Suite, Apt. #, etc.: Suite 24	Suite, Apt. #, etc.: Suite 24
City & State: North Palm Beach, Florida	City & State: North Palm Beach, Florida
Zip: 33408 Country: USA	Zip: 33408 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 07/07/04

6. FEI Number: #20-1316408 ☐ 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

Name: BETSY L. CHOSNEK

100051183794
11/16/05--01045--014 **200.00

Street Address (P.O. Box Number is Not Acceptable): 784 U.S. Highway One

Suite, Apt. #, Etc.: Suite 24

City: North Palm Beach State: FL Zip Code: 33408

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: Betsy L. Chosnek Date: 11-7-2005
REGISTERED AGENT MUST SIGN

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
MGR	BETSY L. CHOSNEK	784 U.S. Highway One, #24	North Palm Beach, FL 33408
MGR	IVAN M. CHOSNEK	784 U.S. Highway One, #24	North Palm Beach, FL 33408

REINSTATEMENT 2005

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.

Signature of Managing Member/Manager: Betsy L. Chosnek Date: 11-7-05 Daytime Phone #: 561-799-3858

Typed or printed name of signing Managing Member/Manager: _____